FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) Suite 500 South Building Check if different than previously DC 20004 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106740 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Robert Borchardt 07 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) [®] D " D 0 2 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 149741.74 January 1 (b) Cash on Hand at 116996.90 Begining of Reporting Period 179024.41 184331.23 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 296021.31 334072.97 6(a) and 6(c) for Column B) 119115.79 157167.45 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 176905.52 176905.52 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

From:

Report Covering the Period:

^M 0 2

01

^Y 2 0 0 7

To: 0 6

^D 3^D 0

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	90458.21	92179.39
	(ii) Unitemized	4566.20	8151.84
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	95024.41	100331.23
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	84000.00	84000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	179024.41	184331.23
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	179024.41	184331.23
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	179024.41	184331.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A **COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal
Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share.....

	(II) Non-Federal Snare	0.00	0.00
	(b) Other Federal Operating Expenditures	385.79	437.45
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	385.79	437.45
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to		
24	Federal Candidates/Committeesand Other Political Committees	119500.00	157500.00
	(use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
26.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	-770.00	-770.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		.=
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	119115.79	157167.45
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	119115.79	157167.45
		1,01,01,0	107 107110

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions Expenditures	/Operating	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other th from Line 11(d), page 3)	' I	179024.41	184331.23
34. Total Contribution Refunds (from Line 28(d))		0.00	0.00
5. Net Contributions (other than (subtract Line 34 from Line)	′	179024.41	184331.23
36. Total Federal Operating Exp (add Line 21(a)(i) and Line 2		385.79	437.45
87. Offsets to Operating Expend (from Line 15, page 3)		0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 3) 	36)	385.79	437.45

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 144
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	3)	
		•	,	
	Full Name (Last, First, Middle Initial)			
Α.	Scott Armstrong			Date of Receipt
	Mailing Address 521 Wall St			M M / D D / Y Y Y Y
				03 21 2007
	City	State	Zip Code	Transaction ID: 4388890703215938470
	Seattle	WA	98121-1524	Amount of Each Receipt this Period
	FEC ID number of contributing			2000.00
	federal political committee.	C		2000.00
	Name of Caralana	10		_
	Name of Employer Group Health Cooperative	Occupation		
	Description 1	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	2000.00	
	Citiei (specify)			
_	Full Name (Last First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Catherine Ayers			Date of Receipt
٥.	Mailing Address 6222 N.W. 19th Place			M M / D D / Y Y Y Y
	Walling Address 6222 N.W. 1911 Flace			05 10 2007
	City	State	Zip Code	Transaction ID: fe317ba264b196112ee
	Gainesville	FL	32605	Amount of Each Receipt this Period
			32003	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		350.00
	rederal political committee.			
	Name of Employer	Occupation	n	
	AvMed	SVP, Hur	man Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)		350.00	
_	Full Name (Last, First, Middle Initial)			
C.	Tracy Bahl			Date of Receipt
	Mailing Address 398 Stanwich Rd			M M / D D / Y Y Y Y
	0::	0		06 27 2007
	City	State	Zip Code	Transaction ID: b20228ddfbfce38a515
	Greenwich	CT	06830-3513	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	<u> </u>		1000.00
	Name of Employer	Occupation	n	
	Uniprise	CEO		
	Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	, roai to Datē ▼	1
	Other (specify)	' '	1000.00	
	Care. (opcom)/ •	-	0 0 0 0 0 0 0	1
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/144	
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or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	;)		
۸.	Full Name (Last, First, Middle Initial) Charles Baker			Date of Receipt	
	Mailing Address 93 Worcester Street			05 / 10 / 2007	
	City	State	Zip Code	Transaction ID: 76839447adaefe6befc	İ
	Wellesley	MA	02481-3609	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2000.00	
	Name of Employer Harvard Pilgrim Health Ca- re	Occupation Presiden	n t and CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	2000.00		
3.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Building, Suite 500			03 / 15 / 2007	
	City	State	Zip Code	Transaction ID: 20070315-1	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		41.67	
	Name of Employer America's Health Insurance	Occupation	n	7	
	Plans	l	ber Svc Professional Develop	onent	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.04		
	Other (specify)		0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Building, Suite 500			03 / 30 / 4 2007	
	City	State	Zip Code	Transaction ID: 20070322-1	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.67	
	Name of Employer America's Health Insurance	Occupation		1	
	Plans Receipt For:	l	ber Svc Professional Develop e Year-to-Date ▼	oment	
	Primary General	Aggregate	e real-lo-Dale V		
	Other (specify)		500.04		
s	UBTOTAL of Receipts This Page (optional)			2083.34	
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T	OTAL This Period (last page this line number or	nly)	>		1

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 144
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Building, Suite 50			04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-53
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation VP Memb	n Der Svc Professional Develop	oment
	Plans Receipt For:		Year-to-Date ▼	Sillerit
	Primary General	Aggregate	real to Bate ¥	1
	Other (specify)		500.04	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Building, Suite 50			04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-1
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.			41.07
	Name of Employer	Occupation	1	┪
	America's Health Insurance Plans		per Svc Professional Develop	oment
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.04	1
	Other (specify) ▼		500.04	
	Full Name (Last, First, Middle Initial)			
C.	James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Building, Suite 50			05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-1
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		41.67
	federal political committee.			71.07
	Name of Employer America's Health Insurance	Occupation		
	Plans		per Svc Professional Develop	oment
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General		500.04	
	Other (specify)			
_	LIDTOTAL of Dogainte This Days (seller 1)			125.01
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or	y information copied from such Reports and State for commercial purposes, other than using the na	me and ado	froit be sold of used by any persol dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)		_				
$ \rangle$	Americas Health Insurance Plans PAC (A	AHIP PAC)				
\angle	`		,	_			
	Full Name (Last, First, Middle Initial)						
Α.	James Balda			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NV South Building, Suite 500			05 31 2007			
	City	State	Zip Code	Transaction ID: 20070523-1			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing				1		
	federal political committee.	C		41.67	Н		
	Name of Employee	0	-	-			
	Name of Employer America's Health Insurance	Occupation	ı per Svc Professional Develor	propt			
	Plans Receipt For:		Year-to-Date V				
	Primary General	Aggregate	Total to Date 🔻				
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	Full Name (Last, First, Middle Initial)				_		
В.	James Balda			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NV			06 15 2007			
	South Building, Suite 500	State	Zip Code	Transaction ID: 20070611-1			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
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	FEC ID number of contributing federal political committee.	C		41.67	Н		
	Name of Employer America's Health Insurance	Occupation		1			
	Plans Receipt For:		per Svc Professional Develop Year-to-Date ▼				
	Primary General	Aggregate	Fredi-to-Date ▼				
	Other (specify)		500.04				
_	Full Name (Last, First, Middle Initial)						
C.	James Balda			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NV South Building, Suite 500			06 29 2007			
	City	State	Zip Code	Transaction ID: 20070628_1_13_38			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing				7		
	federal political committee.	C		41.67	Н		
	Name of Employee	0		-			
	Name of Employer America's Health Insurance	Occupation	ı per Svc Professional Develor	propt			
	Plans Receipt For:		Year-to-Date V				
	Primary General	riggregate	Total to Buto V				
	Other (specify)	l	500.04				
	<u>'</u>				7		
s	UBTOTAL of Receipts This Page (optional))	125.01			
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T	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 144				
	-		Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)		71					
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)					
۹.	Full Name (Last, First, Middle Initial) Christy Bell			Date of Receipt				
	Mailing Address 7 Spring Lake Drive			03 21 2007				
	City	State	Zip Code	Transaction ID: 1856630703215904617				
	<u>Far Hills</u>	NJ	07931	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		3000.00				
	Name of Employer Horizon BCBSNJ	Occupation Manager	١					
	Receipt For:		Year-to-Date ▼					
	Primary General			1				
	Other (specify)	0 0	3000.00					
3.	Full Name (Last, First, Middle Initial) R. Bradford Bentley			Date of Receipt				
	Mailing Address 8717 S.W. 91st Place			05 10 7 9 9 9				
	City	State	Zip Code	Transaction ID: 4826b21bd377f8e33eb				
	Gainesville	FL	32608	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		350.00				
	Name of Employer AvMed	Occupation VP, Unde						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		350.00					
<u> </u>	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	W		0 2 1 5 2 0 0 7				
	City	State	Zip Code	Transaction ID: 20070226-a-4				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		208.33				
	Name of Employer America's Health Insurance Plans	Occupation EVP Clin	n ical Affairs Strategic Plans					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		2499.96	1				
	Other (specify) ▼		2-133.30					
S	SUBTOTAL of Receipts This Page (optional)							
	UBTOTAL of Receipts This Page (optional)			3558.33				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 144
	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the r	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	1W		02 28 2007
	City	State	Zip Code	Transaction ID: 20070226-b-4
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance	Occupation	า	7
	America's Health Insurance Plans	EVP Clin	ical Affairs Strategic Plans	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		0400.00	
	Other (specify) ▼	0 0	2499.96	
— В.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg Ste 500			03 15 2007
	City	State	Zip Code	Transaction ID: 20070315-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance	Occupation	1	7
	America's Health Insurance Plans	EVP Clin	ical Affairs Strategic Plans	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2499.96	
	Other (specify)		2499.90	
— С.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	1W		03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupation EVP Clin	n ical Affairs Strategic Plans	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify)		2499.96	
				004.00
S	UBTOTAL of Receipts This Page (optional)			624.99
\vdash				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 144
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	/ALUD DAG		
	Americas Health Insurance Plans PAC	(AHIP PAC	·)	
Α.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	1W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070416-54
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance	Occupation EVP Clin	n ical Affairs Strategic Plans	7
	Plans Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify) ▼		2499.96	
В.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg Ste 500			04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		208.33
	federal political committee.			
	Name of Employer	Occupation	1	
	America's Health Insurance Plans	EVP Clin	ical Affairs Strategic Plans	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2499.96	1
	Other (specify)		2400.00	
_	Full Name (Last, First, Middle Initial)			
C.	Carmella Bocchino	13.47		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	IVV		05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		208.33
	federal political committee.			
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		ical Affairs Strategic Plans Year-to-Date ▼	_
	Primary General	Aggregate	; i eai-lu-Dale ▼	,
	Other (specify)	1	2499.96	
			0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			624.99
\vdash	35 (op. 65. a)			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/144
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\sqrt{}$	NAME OF COMMITTEE (In Full)			
/	Americas Health Insurance Plans PAC (A	AHIP PAC	3)	_
۹.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg Ste 500	N		05 31 7 2007
	City	State	Zip Code	Transaction ID: 20070523-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Amorioo'e Hoolfh Incurance	Occupation EVP Clin	n ical Affairs Strategic Plans	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		2499.96	
	(openi) •			1
3.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg Ste 500	N		06 15 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070611-2
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance	Occupation		7
	Plans		ical Affairs Strategic Plans	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		2499.96	
	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV	N		M M / D D / Y Y Y Y
	South Bldg Ste 500	· -		06 29 2007
	City	State	Zip Code	Transaction ID: 20070628_2_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.33
	America's Hoolfh Inquirence	Occupation		7
	Plans		ical Affairs Strategic Plans	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2499.96	
	Carol (opcony) •	0 0	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			624.99
			•	
T	OTAL This Period (last name this line number only	v)	b	

			_	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 144
ıŦ	EMIZED RECEIPTS	or each category of the		(check only one)
II EMIZED RECEIP 15			Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\vdash	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Christopher Booth			Date of Receipt
	Mailing Address 165 Court St			04 18 7 2007
	City	State	Zip Code	Transaction ID: 5731860704184181832
	Rochester	NY	14647-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1666.68
	Name of Employer Excellus BlueCross Blue Shield	Occupation	n e VP and CAO	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	1666.68	
В.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	05 / 15 / Y Y Y Y Y 1		
	City	State	Zip Code	Transaction ID: 20070518-3
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans Receipt For:		n ice President Finance & Ope e Year-to-Date ▼	rat
	Primary General Other (specify) ▼	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070523-3
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	rat
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		200.00	
	Other (specify) ▼		300.00	
[e	UBTOTAL of Receipts This Page (optional)			1716.68
∟ٌ	ODIGIAL OF HECEIPIS THIS Fage (optional)		······································	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/144
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St. or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC	;)	
Full Name (Last, First, Middle Initial) A. Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	NW		06 15 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070611-3
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		300.00	1
Other (specify)		333.30	
Full Name (Last, First, Middle Initial) 3. Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	NW		06 / 29 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20070628_3_13_38
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer America's Health Insurance	Occupation		7
Plans Receipt For:		ice President Finance & Ope e Year-to-Date ▼	rat —
Primary General	Aggregate		1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) C. Francie Burkhart			Date of Receipt
Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	NW		02 15 7 2007
City	State	Zip Code	Transaction ID: 20070226-a-6
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupation		7
Plans		Political Affairs	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		999.96	
SUBTOTAL of Receipts This Page (optional)		······•	133.33
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 144 (check only one)			
ıт	EMIZED RECEIPTS		or each category of the				
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12			
			, ,	13 14 15 16 17			
Ar or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$ \rangle$	Americas Health Insurance Plans PAC (AHIP PAC	S)				
\angle							
A.	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		02 28 2007			
	City	State	Zip Code	Transaction ID: 20070226-b-6			
	Washington	DC	20004-2601				
	wasnington	<u> </u>	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer America's Health Insurance	Occupatio					
	Plans		Political Affairs				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		999.96	1			
	Other (specify)		333.30				
— В.	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N	Ι\Λ/		M M / D D / Y Y Y Y			
	South Bldg, Ste 500	03 15 2007					
	City	State	Zip Code	Transaction ID: 20070315-6			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	_						
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer America's Health Insurance	Occupatio	n				
	Plans	Director	Political Affairs				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		00000	1			
	Other (specify) 🔻		999.96]			
	Full Name (Last, First, Middle Initial)						
C.	Francie Burkhart			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		03 / 30 / 2007			
	City	State	Zip Code	Transaction ID: 20070322-6			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		83.33			
	federal political committee.			_			
	<u>1 14113 </u>						
			Political Affairs	_			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		999.96	11			
	Other (specify)		333.30	1			
_							
1				249.99			
S	UBTOTAL of Receipts This Page (optional)			243.33			

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 144 (check only one) X 11a 11b 11c 12
			, J	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania Ave N	MV		Date of Receipt
	South Bldg, Ste 500			04 13 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070416-3 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Political Affairs e Year-to-Date ▼ 999.96	
3.	Full Name (Last, First, Middle Initial) Francie Burkhart	14/		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500		04 30 7 2007	
	City	State	Zip Code	Transaction ID: 20070427-a-6
	Washington FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans		Political Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	
-	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 / 15 / Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070518-6
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans		Political Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	
s	UBTOTAL of Receipts This Page (optional)			249.99
T	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC	·)	
۹.	Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	N		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070523-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n Political Affairs 9 Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	N		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070611-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Political Affairs Pear-to-Date ▼ 999.96	
).	Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	W		06 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070628_7_13_38
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans		Political Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	
s	UBTOTAL of Receipts This Page (optional)			249.99
Т	OTAL This Pariod (last page this line number on	\w\)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/144
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) William Cameron			Date of Receipt
Mailing Address 2000 N Classen Blvd			04 / 17 / 2007
City	State	Zip Code	Transaction ID: 6607780704176247232
Oklahoma City	OK	73106-6023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer American Fidelity Assuran-	Occupation President	and CEO	
ce Company Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial)			
Mailing Address 38 Park Street Unit 15C			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 86998b956f6dcca17ff
Florham Park	NJ	07932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Horizon BCBSNJ	Occupation VP, Healt	n th Care Services	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2500.00	
Full Name (Last, First, Middle Initial) C. Yvonne Chanatry			Date of Receipt
Mailing Address 1276 N Wayne St #1223			0 2 D D D D D D D D D D D D D D D D D D
City	State	Zip Code	Transaction ID: 20070226-b-9
Arlington	VA	22201-5857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupation Executive	n e Director of Marketing	
Plans Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
			*
SUBTOTAL of Receipts This Page (optional)		·····	4562.50
TOTAL This Period (last page this line number	only))	

COLIEDIU E A (EEO Essen OV)		1		FOR LINE NUMBER: PAGE 20 / 144		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS	or each category of the				
••			Detailed Summary Page			
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC)			
Α.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt		
	Mailing Address 1276 N Wayne St #1223			03 / 15 / 2007		
	City	State	Zip Code	Transaction ID: 20070315-8		
	Arlington	VA	22201-5857	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		62.50		
	Name of Employer America's Health Insurance Plans		Director of Marketing			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1		
	Other (specify) ▼	0 0	750.00			
В.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt		
	Mailing Address 1276 N Wayne St #1223			03 30 2007		
	City	State	Zip Code	Transaction ID: 20070322-8		
	Arlington	VA	22201-5857	Amount of Each Receipt this Period		
	•					
	FEC ID number of contributing federal political committee.	C		62.50		
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Marketing			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1		1		
	Other (specify) ▼		750.00			
<u> </u>	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt		
	Mailing Address 1276 N Wayne St #1223			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20070416-5		
	Arlington	VA	22201-5857	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		62.50		
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Marketing			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	750.00			
Г				407.50		
s	UBTOTAL of Receipts This Page (optional)		······	187.50		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 144			
ıT	EMIZED RECEIPTS	or each category of the		(check only one)			
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
			, 0	13 14 15 16 17			
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC	5)				
Α.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt			
	Mailing Address 1276 N Wayne St #1223			04 30 7 2007			
	City	State	Zip Code	Transaction ID: 20070427-a-8			
	Arlington	VA	22201-5857	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		62.50			
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Marketing				
	Receipt For:	Aggregate	Year-to-Date ▼	7			
	Primary General			1			
	Other (specify) ▼	0 0	750.00				
В.	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt			
	Mailing Address 1276 N Wayne St #1223			05 15 2007			
	City	State	Zip Code	Transaction ID: 20070518-8			
	Arlington	VA	22201-5857	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		62.50			
	Name of Employer America's Health Insurance Plans	Occupation	n e Director of Marketing				
	Receipt For:		Year-to-Date ▼				
	Primary General	33 -3		1			
	Other (specify) ▼		750.00				
<u> </u>	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt			
	Mailing Address 1276 N Wayne St #1223			05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 20070523-8			
	Arlington	VA	22201-5857	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		62.50			
	Name of Employer America's Health Insurance Plans	Occupation	n e Director of Marketing				
	Receipt For:		Year-to-Date ▼	7			
	Primary General			1			
	Other (specify) ▼		750.00				
s	UBTOTAL of Receipts This Page (optional)			187.50			
	,		<u>_</u>				

SC	CHEDULE A (FEC Form 3X)		Llan apparata aphadula(a)	FOR LINE N		PAGE 22/144
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only o	ne)	_
	EINIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
An	y information copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpos	e of solicit	ing contributions
	NAME OF COMMITTEE (In Full)	THE GHA GAG	reas or any political committee to	Solicit Cortificati	0110 11 0111 0	don committee.
/	Americas Health Insurance Plans PAC (A		`			
	Americas riealin insurance rians FAC (A	ALIIF FAC)			
	Full Name (Last, First, Middle Initial)					
	Yvonne Chanatry			Date of Re	•	
	Mailing Address 1276 N Wayne St #1223			06	15	2007
	City	State	Zip Code	Transaction		
	Arlington	VA	22201-5857			ceipt this Period
	FEC ID number of contributing				-	
	federal political committee.	C				62.50
	Name of Employer	Occupation		_		
	Name of Employer America's Health Insurance		Director of Marketing			
	Plans Receipt For:		Year-to-Date ▼			
	Primary General	7 tggi ogato				
	Other (specify) ▼	l	750.00			
	Full Name (Last, First, Middle Initial)			D		
	Yvonne Chanatry Mailing Address 1276 N Wavne St			Date of Re		
	Mailing Address 1276 N Wayne St #1223			0 6	29	2007
	City	State	Zip Code	Transaction		070628_9_13_38
	Arlington	VA	22201-5857			ceipt this Period
	FEC ID number of contributing				1 1	CO FO
	federal political committee.	C				62.50
	Name of Employer	Occupation	1	-		
	Name of Employer America's Health Insurance Plans	•	Director of Marketing			
	Receipt For:		Year-to-Date ▼			
	Primary General		750.00			
	Other (specify)	750.00				
2.	Full Name (Last, First, Middle Initial) Kirk Cianciolo			Date of Re	eceint	
-	Mailing Address 6303 Pasadena Point Blv	rd S		M M /	D D	/ Y Y Y Y
				0 5	10	2007
	City	State	Zip Code	Transaction	on ID: 65	83ae3b2309f00b562
	Gulfport	FL	33707-3867	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing	С				350.00
federal political committee.		0				
	Name of Employer	Occupation	1			
	AvMed	VP				
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General	' '	350.00			
	Other (specify)	1 1				
SI	JBTOTAL of Receipts This Page (optional)					475.00
	The or recorpts this rage (optional)			-		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 23 / 144		
			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carrinally Lage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	Americas Health Insurance Plans PAC	(AHIP PAC)			
Α.	Full Name (Last, First, Middle Initial) Douglas Cueny			Date of Receipt		
	Mailing Address PO Box 749			05 10 2007		
	City	State	Zip Code	Transaction ID: 5a56b981634c12d8b99		
	Gainesville	FL	32602-0749	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		2000.00		
	Name of Employer AvMed Health Plan	Occupation President	and CEO	7		
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼	1	2000.00			
В.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt		
	Mailing Address 601 Pennsylvania Ave N	١W		M M / D D / Y Y Y Y		
	South Bldg, Ste 500			03 15 2007		
	City	State	Zip Code	Transaction ID: 20070315-9		
	Washington	DC	20004-2601	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.67		
	Name of Employer	Occupation	 1			
	America's Health Insurance Plans		Federal Affairs			
	Receipt For:	· · · · · ·	Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		500.04			
_	Full Name (Last, First, Middle Initial)			•		
C.	Ann Curry			Date of Receipt		
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 / 30 / 2007		
	City	State	Zip Code	Transaction ID: 20070322-9		
	Washington	DC	20004-2601	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.67		
	Name of Employer America's Health Insurance	Occupation	1			
	America's Health Insurance Plans	Director,	Federal Affairs			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.04	1		
	Other (specify)		500.04			
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				2000.04		
s	UBTOTAL of Receipts This Page (optional)			2083.34		
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SC	CHEDULE A (FEC Form 3X)		llee engagete enhantite(e)	FOR LINE NUMBER: PAGE 24 / 144
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\	Americas Health Insurance Plans PAC (A	AHIP PAC	1	
<u>/</u>	Americas ricaliti insurance rians rive (11111 1710		_
۹.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	N		04 13 7 2007
	City	State	Zip Code	Transaction ID: 20070416-6
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation		
	Plans Pagaint For:		Federal Affairs	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.04	
				'
3.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	N		M M / D D / Y Y Y Y
South Bldg, Ste 500				04 30 2007
City State			Zip Code	Transaction ID: 20070427-a-9
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.	•		
	Name of Employer America's Health Insurance	Occupation		
	Plans		Federal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.04	
	Other (specify)			
•	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-9
	Washington	DC	20004-2601	Amount of Each Receipt this Period
Amorioa's Hoalfh Insurance		C		41.67
		Occupation		
	Plans		Federal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.04	
	Other (specify) ▼			
SI	JBTOTAL of Receipts This Page (optional)			125.01
	52. C.T. of Hoodiplo This Lago (optional)		······································	

SCHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 25 / 144	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	winformation and transmissis Departs and Ch			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions of solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		05 31 7 2007
	City	State	Zip Code	Transaction ID: 20070523-9
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Director,	n Federal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.04	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-9
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance	Occupation	n Federal Affairs	
	Plans Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	1 99. 19		1
	Other (specify) ▼		500.04	
<u> </u>	Full Name (Last, First, Middle Initial) Ann Curry			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	٧W		06 29 2007
	City	State	Zip Code	Transaction ID: 20070628 10 13 38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation	n Federal Affairs	
1 10110			Year-to-Date V	\dashv
	Primary General			7
Other (specify) ▼			500.04	
s	UBTOTAL of Receipts This Page (optional)			125.01
\vdash	,			
т	OTAL This Period (last page this line number o	nly)		

SC	CHEDULE A (FEC Form 3X)		Llan apparata aphadula(a)		GE 26 / 144
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	_
11	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c	12
				13 14 15	16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso Iress of any political committee to	for the purpose of soliciting co solicit contributions from such c	ontributions committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)		
۸.	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N\ South Bldg, Ste 500	N		0 5 3 1 Y	2007
	City	State	Zip Code	Transaction ID: 200705	23-10
	Washington	DC	20004-2601	Amount of Each Receipt to	his Period
	FEC ID number of contributing federal political committee.	C			20.83
	Name of Employer America's Health Insurance	Occupation	1	1	
	America's Health Insurance Plans	Program	Manager, VSD		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		249.96		
	Other (specify) ▼		2-5.50		
3.	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NV	V		06 15	2007
	South Bldg, Ste 500 City	State	Zip Code	Transaction ID: 200706	
Washington DC			20004-2601	Amount of Each Receipt to	
	FEC ID number of contributing		1 1 1 1 1 1 1	Amount of Each recorpt to	
	federal political committee.	C			20.83
	Name of Employer America's Health Insurance	Occupation			
	Plans		Manager, VSD		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		249.96		
).	Full Name (Last, First, Middle Initial) Gregory Daphnis			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	V		M M / D D / Y 0 6 29	2007
	City	State	Zip Code	Transaction ID: 200706	28_11_13_38
	Washington	DC	20004-2601	Amount of Each Receipt to	his Period
FEC ID number of contributing federal political committee.		C			20.83
	Name of Employer America's Health Insurance	Occupation		1	
	Plans		Manager, VSD	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		249.96		
SI	JBTOTAL of Receipts This Page (optional)				62.49
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 27 / 144
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		02 28 2007
	City	State	Zip Code	Transaction ID: 20070226-b-12
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Name of Employer America's Health Insurance	Occupation		
	Plans		Learning Resource Ctr	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	JW		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 15 2007
	City	State	Zip Code	Transaction ID: 20070315-11
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer	l Ossumation		_
	Name of Employer America's Health Insurance	Occupation	Learning Resource Ctr	
	Plans Receipt For:	-	Year-to-Date V	_
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify)		750.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 30 7 2007
	City	State	Zip Code	Transaction ID: 20070322-11
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer America's Health Insurance		Learning Resource Ctr	
	Plans Receipt For:		Year-to-Date V	-
	Primary General	, iggi ogale		1
	Other (specify)		750.00	
				1
	1			
s	UBTOTAL of Receipts This Page (optional)			187.50
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 144	
ITEMIZED RECEIPTS			or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δ	ny information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (AHIP PAC)	
A.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-8
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation Exec Dir	n Learning Resource Ctr	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	700.00	
В.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y Y
	South Bldg, Ste 500 City State Zip Code			04 30 2007
	Washington	DC	20004-2601	Transaction ID: 20070427-a-11 Amount of Each Receipt this Period
	•		20004-2001	
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation		
	Plans		Learning Resource Ctr Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rear-to-date V	1
	Other (specify) ▼	0 0	750.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-11
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
Receipt For: Primary General Aggregate			n Learning Resource Ctr	
		Year-to-Date ▼		
		750.00	1	
	Other (specify) ▼		730.00	1
s	UBTOTAL of Receipts This Page (optional)			187.50
\vdash	. 5 (1 27			
т	OTAL This Period (last page this line number or	nlv)	.	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 29 / 144			
			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			, ,	13 14 15 16 17			
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	()				
۹.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500			05 31 7 2007			
	City	State	Zip Code	Transaction ID: 20070523-11			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		62.50			
	Name of Employer America's Health Insurance Plans	Occupation Exec Dir	n Learning Resource Ctr				
	Receipt For:		e Year-to-Date ▼	7			
	Primary General		750.00				
	Other (specify)		730.00				
3.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 20070611-11			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		62.50			
	Name of Employer America's Health Insurance	Occupation					
	Plans		Learning Resource Ctr				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		750.00				
 C.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N	W		M M / D D / Y Y Y Y			
	South Bldg, Ste 500			06 29 2007			
	City	State	Zip Code	Transaction ID: 20070628_12_13_38			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		62.50			
	Name of Employer America's Health Insurance	Occupation Exec Dir	n Learning Resource Ctr				
1 10110			e Year-to-Date ▼	7			
	Primary General		750.00				
	Other (specify) ▼	0 0	750.00				
s	SUBTOTAL of Receipts This Page (optional)						
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T	OTAL This Period (last page this line number or	nly)	>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 144 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
\ \	NAME OF COMMITTEE (In Full)	ine and add	ress of any political committee to	solicit contributions from such committee.
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Stephen DeMontmollin			Date of Receipt
	Mailing Address 4300 Nw 89th Blvd			05 10 2007
	City	State	Zip Code	Transaction ID: f6d6a8258b54b84f1b8
	Gainesville	FL	32606-5688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		462.50
	Name of Employer AvMed Health Plan	Occupation SVP, Ger	n neral Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		462.50	
3.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	W		0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070226-a-13
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		7
	Plans Receipt For:		ral Affairs Year-to-Date ▼	-
	Primary General	, iggi ogalo		
	Other (specify) ▼		999.96	
) .	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N ^o South Bldg, Ste 500	W		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 20070226-b-13
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
Amorica's Hoolfh Incurance			ral Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		999.96	
9	UBTOTAL of Receipts This Page (optional)			629.16
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 144			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
II EIWIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 1	7_		
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)						
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC)				
Α.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 / 15 / Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 20070315-13			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer America's Health Insurance	Occupation VP Fede	n ral Affairs				
	Plans Receipt For:	<u> </u>	Year-to-Date ▼	-			
	Primary General	00 0		1			
	Other (specify) ▼		999.96				
В.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	NW		03 30 2007			
	City	State	Zip Code	Transaction ID: 20070322-13			
	Washington	DC	20004-2601	Amount of Each Receipt this Period	_		
	FEC ID number of contributing		1 1 1 1 1 1		1		
	federal political committee.	C		83.33			
	Name of Employer America's Health Insurance	Occupation					
	Plans		ral Affairs	_			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		999.96				
	Full Name (Last, First, Middle Initial)						
C.	Jill Dowell			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		04 / 13 / 2007			
	City	State	Zip Code	Transaction ID: 20070416-10			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n ral Affairs				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		999.96				
	Other (specify)		999.90				
_	IIDTOTAL of December This December 1			249.99			
S	UBTOTAL of Receipts This Page (optional)		······		í		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	()	
Α.	Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation VP, Feder	Zip Code 20004-2601 n eral Affairs e Year-to-Date ▼	Date of Receipt M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	, agr. again	999.96	
3.	Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State DC C Occupation VP, Fede	Zip Code 20004-2601 n eral Affairs e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 20070518-13 Amount of Each Receipt this Period 83.33
	Other (specify) Full Name (Last, First, Middle Initial)	0 0	999.96	
) .	Jill Dowell Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation VP, Fede	Zip Code 20004-2601 n eral Affairs e Year-to-Date ▼ 999.96	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			249.99
T	OTAL This Period (last page this line number or	nlv)	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 144 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		06 15 7 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070611-13
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	· · · · · · · · · · · · · · · · · · ·	ral Affairs Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500		7in Oods	Date of Receipt 0 6 2 9 2 0 0 7
	City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004-2601	Transaction ID: 20070628_14_13_38 Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ral Affairs Year-to-Date ▼ 999.96	
-).	Full Name (Last, First, Middle Initial) Michael Dudley			Date of Receipt
	Mailing Address 4417 Corporation Ln			06 29 2007
	City Virginia Beach	State VA	Zip Code 23462-3162	Transaction ID: 3925acac562d1a9a919 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
Sentara Health Plans, Inc. Preside			& Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
s	UBTOTAL of Receipts This Page (optional)			2166.66
			·	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 34 / 144
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
II LIVIIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\vdash	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Behrends Foster			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		06 29 2007
	City	State	Zip Code	Transaction ID: ed39c929a8128d879c5
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer America's Health Insurance Plans	Occupation VP, Fede	n ral Affairs	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000:00	
В.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW			02 15 2007
	South Bldg, Ste 500 City State Zip Code			Transaction ID: 20070226-a-15
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:	1	ce President, State Affairs Year-to-Date ▼	
	Primary General	riggregate		1
	Other (specify) ▼	0 0	1500.00	
c.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		02 28 2007
	City	State	Zip Code	Transaction ID: 20070226-b-15
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, State Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	1
_	Curici (Specify) V			1
s	UBTOTAL of Receipts This Page (optional)			1250.00
Т	OTAL This Period (last page this line number or	nly)		

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 35 / 144
	ZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11b 13	11c
Any info	rmation copied from such Reports and Sta mmercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of solicit	ina contributions
NAM	E OF COMMITTEE (In Full) ericas Health Insurance Plans PAC (
4. Jeffre	Name (Last, First, Middle Initial) by Gabardi ng Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		Date of Receipt M M M / D D 0 3 1 5	2007
City <u>Was</u>	shington	State DC	Zip Code 20004-2601	Transaction ID: 20 Amount of Each Rec	
	ID number of contributing al political committee.	C			125.00
Amei <u>Plans</u>	e of Employer rica's Health Insurance sipt For: Primary General Other (specify)	1	n ce President, State Affairs e Year-to-Date ▼		
3. Jeffre	Name (Last, First, Middle Initial) by Gabardi	11.47		Date of Receipt	
	ng Address 601 Pennsylvania Ave N South Bldg, Ste 500			03 30	2007
City	hinatan	State DC	Zip Code	Transaction ID: 20	
FEC	Shington ID number of contributing al political committee.	C	20004-2601	Amount of Each Rec	125.00
<u>Plans</u>	e of Employer rica's Health Insurance s ipt For: Primary General Other (specify)		n ce President, State Affairs Year-to-Date ▼		
	Name (Last, First, Middle Initial) ey Gabardi			Date of Receipt	
	ng Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		0 4 D D 1 3	2007
City	de transfer in	State	Zip Code	Transaction ID: 20	
FEC	Shington ID number of contributing al political committee.	C	20004-2601	Amount of Each Rec	125.00
<u>Plans</u>	e of Employer rica's Health Insurance s sipt For: Primary General Other (specify) •	1	n ce President, State Affairs e Year-to-Date ▼ 1500.00		
SUBTO	OTAL of Receipts This Page (optional)		·····		375.00
TOTAL	. This Period (last page this line number or	ــــــا اy)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 144		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
TEMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans PA	C (AHIP PAC	()			
Full Name (Last, First, Middle Initial) 4. Jeffrey Gabardi			Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City	State	Zip Code	Transaction ID: 20070427-a-15		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President, State Affairs			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		1500.00			
Full Name (Last, First, Middle Initial) 3. Jeffrey Gabardi	•		Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	05 15 2007				
City	State	Zip Code	Transaction ID: 20070518-14		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President, State Affairs			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		1500.00			
Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt		
Mailing Address 601 Pennsylvania Ave South Bldg, Ste 500	e NW		05 31 7 2007		
City	State	Zip Code	Transaction ID: 20070523-14		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		125.00		
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President, State Affairs			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	1500.00			
SUBTOTAL of Receipts This Page (optional) .			375.00		
			-		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 14	44
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
11	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16	17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	i
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)		
Α.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave I South Bldg, Ste 500	NW		06 15 2007	
	City	State	Zip Code	Transaction ID: 20070611-14	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.0	0
	Name of Employer America's Health Insurance	Occupation	า	7	
	America's Health Insurance Plans	Senior Vi	ce President, State Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1500.00		
	Other (specify) ▼	0 0	1300.00		
В.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave I	VW		M M / D D / Y Y	Υ
	South Bldg, Ste 500			06 29 2007	
	City	State	Zip Code	Transaction ID: 20070628_15_13	3_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.0	0
	Name of Employer America's Health Insurance	Occupation	1	7	
	Plans .		ce President, State Affairs		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1500.00		
	Other (specify)		1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) Michael Gallagher			Date of Receipt	
	Mailing Address 5523 NW 52nd Ave			M M / D D / Y Y Y O O O O O O O O O O O O O O O O	
	City	State	Zip Code	Transaction ID: 429ca719a85e29	931fb2
	Gainesville	FL	32653-4081	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.0	0
	Name of Employer AvMed	Occupation	n ancial Officer		
	Receipt For:		anciai Officer • Year-to-Date ▼	\dashv	
	Primary General	Aggregate	rtear-to-Date V		
	Other (specify)		350.00		
		0 0	0 0 0 0 0 0 0	'	
Г					
ء	UBTOTAL of Receipts This Page (optional)			600.0	0
\vdash	COLORE OF FROODPRO THIS Fago (optional)		······································		-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 38 / 144
ITEMIZED RECEIPTS or each category of			or each category of the	(check only one)] 445 🖂 40
•			Detailed Summary Page	X 11a 11b 13	11c 12 15 16 17
An	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	ny information copied from such Reports and State for commercial purposes, other than using the national state of the stat	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
/	Americas Health Insurance Plans PAC (AHIP PAC	;) 		
۹.	Full Name (Last, First, Middle Initial) Jay Gellert			Date of Receipt	
	Mailing Address 21650 Oxnard St Ste 2200			05 10	2007
	City	State	Zip Code		e837377e82c53ac59f
	Woodland Hills	CA	91367-4901	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			2000.00
	Name of Employer Health Net, Inc.	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		2000.00		
	Other (specify) ▼		2000.00		
3.	Full Name (Last, First, Middle Initial) William Gillespie			Date of Receipt	
	Mailing Address 1770 James Ave S			06 27	2007
	City	State	Zip Code	Transaction ID: C7	fd471efa9b3dddab5
	Minneapolis	MN	55403-2827	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Gillespie Consulting Group	Occupation			
		Presiden		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	. [
	Other (specify) ▼		1000.00		
— Э.	Full Name (Last, First, Middle Initial) Rick Haines			Date of Receipt	
	Mailing Address 2600 Sixth St SW			M M / D D D 2 2	2007
	City	State	Zip Code	Transaction ID: a4	lec24d331549a863de
	Canton	ОН	44710-1702	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			2000.00
	Name of Employer AultCare	Occupation Presiden		7	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		2000.00		
	Other (specify) ▼		2000.00		
s	UBTOTAL of Receipts This Page (optional)				5000.00
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T	OTAL This Period (last page this line number or	ıly)	>		

SCHEDULE A (FEC Form 3X)		Llee concrete cobodulo(o)	FOR LINE NUMBER: PAGE 39 / 144		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
IT LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
Any information copied from such Reports and S	Statomonte may	reat he cold or used by any person	13 14 15 16 17		
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Americas Health Insurance Plans PAC	C (AHIP PAC	()			
Full Name (Last, First, Middle Initial) Donald Hamm			Date of Receipt		
Mailing Address 501 W Michigan St PO Box 3050			04 / 17 / Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 6534080704176222600		
Milwaukee	WI	53203-2706	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		2000.00		
Name of Employer Assurant Health	Occupation President	n t and CEO			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		2000.00	1		
Other (specify)	0 0	2000.00			
Full Name (Last, First, Middle Initial) 3. Edwin Hannum	<u> </u>		Date of Receipt		
Mailing Address 5202 Pine Rocklands	M M / D D / Y Y Y Y				
	05 10 2007				
City	State	Zip Code	Transaction ID: 0b5bad8d5bac15a104b		
Lithia	FL	33547-5012	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		350.00		
Name of Employer AvMed	Occupation				
	SVP, Ma				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
Other (specify)		350.00			
Full Name (Last, First, Middle Initial) . Michael Herbert			Date of Receipt		
Mailing Address 1111 Sasco Hill Road			03 / 21 / 2007		
City	State	Zip Code	Transaction ID: 6210860703215943411		
<u>Fairfield</u>	CT	06824-6346	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		2000.00		
Name of Employer ConnectiCare, Inc.	Occupation Presiden				
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	2000.00			
SUBTOTAL of Receipts This Page (optional)	1		4350.00		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 144
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC	;)	
	Full Name (Last, First, Middle Initial)			
۹.	Roberta Herman			Date of Receipt
	Mailing Address 93 Worcester St			M M / D D / Y Y Y Y
				04 17 2007
	City	State	Zip Code	Transaction ID: 9801220704176218171
	Wellesley	MA	02481-3609	Amount of Each Receipt this Period
	FEC ID number of contributing			0000.00
	federal political committee.	C		2000.00
	Name of Employer Harvard Pilgrim Health Ca-	Occupation	n Chief Medical Officer	
	re Receipt For:		Year-to-Date ▼	\dashv
	Primary General	Aggregate	Freal-10-Date ♥	
	Other (specify)		2000.00	
	Cure (openily) \	0 0		
	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
٥.		١٨/		─
	Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	vv		05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-16
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			20.83
	federal political committee.	C		20.03
	Name of Employer	Occupation	2	-
	America's Health Insurance		r ssociate Counsel, Special Pr	
	Plans Receipt For:		Year-to-Date V	<u>⊙j</u>
	Primary General	Aggregate	Freal-10-Date ♥	
	Other (specify)		249.96	
	case (eposs), \			
_	Full Name (Last, First, Middle Initial)			B. (B.)
٠.	Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		0 6 1 5 2 0 0 7
	South Bldg, Ste 500	State	Zip Code	Transaction ID: 20070611-17
	Washington	DC	20004-2601	
		DC	20004-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	rederal political committee.			
	Name of Employer	Occupation	ı	7
	America's Health Insurance Plans	Senior As	ssociate Counsel, Special Pr	oj
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.06	
	Other (specify)		249.96	
				0044.00
S	UBTOTAL of Receipts This Page (optional)		······	2041.66
т	OTAL This Period (last page this line number on	lv)		

PAGE 41 / 144 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Date of Receipt Joni Hong Mailing Address 601 Pennsylvania Ave NW 06 29 2007 South Bldg, Ste 500 City Zip Code State Transaction ID: 20070628_18 13 38 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Name of Employer America's Health Insurance Occupation Senior Associate Counsel, Special Pro **Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Horoschak Date of Receipt Mailing Address 601 Pennsylvania Ave NW 02 15 2007 South Bldg, Ste 500 City State Zip Code Transaction ID: 20070226-a-18 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer America's Health Insurance Occupation **Executive Director State Policy** <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name (Last, First, Middle Initial) C. Donna Horoschak Date of Receipt Mailing Address 601 Pennsylvania Ave NW 02 28 2007 South Bldg, Ste 500 Citv State Zip Code Transaction ID: 20070226-b-18 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 83.33 C federal political committee. Name of Employer America's Health Insurance Occupation **Executive Director State Policy Plans** Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) 187.49 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 144
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 15 2007
	City	State	Zip Code	Transaction ID: 20070315-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	n e Director State Policy	
	Plans Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		999.96	
				·
В.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		83.33
	federal political committee.	9		
	Name of Employer	Occupation	1	
	America's Health Insurance Plans		e Director State Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		999.96	1
	Other (specify)		999.90	
_	Full Name (Last, First, Middle Initial)			
C.	Donna Horoschak	DA7		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	NVV		04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-15
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			83.33
	federal political committee.	C		05.55
	Name of Employer America's Health Insurance	Occupation		
	Plans		Director State Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		999.96	
	Other (specify)			1
_	UDTOTAL (D. 11. TIL D. 11. TIL D.			249.99
L _s	UBTOTAL of Receipts This Page (optional)		······	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 144
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)	
۹.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500			04 / 30 / Y Y Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: 20070427-a-18
	Washington		20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director State Policy	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		999.96	
 3.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	W		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070518-17
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		7
	Plans Receipt For:		e Director State Policy Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	999.96	
) .	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500	W		05 31 7 2007
	City	State	Zip Code	Transaction ID: 20070523-17
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		e Director State Policy • Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	
	Other (specify) ▼		999.96	
s	UBTOTAL of Receipts This Page (optional)			249.99
_	OTAL This David desired at 1	I. A		
- 1	OTAL This Period (last page this line number on	ıy)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: F	PAGE 44 / 144
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 1	1c
			Detailed Guillinary Fage	13 14 11	5 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting	contributions
or i	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such	n committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)		
۹.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		0 6 1 5	2007
	City	State	Zip Code	Transaction ID: 20070	0611-18
	Washington	DC	20004-2601	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			83.33
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director State Policy	1	
	Receipt For:		Year-to-Date ▼		
	Primary General	33 3		1	
	Other (specify) ▼	0 0	999.96		
3.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		06 29	2007
	City	State	Zip Code	Transaction ID: 20070	0628_19_13_38
	Washington	DC	20004-2601	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			83.33
	Name of Employer America's Health Insurance	Occupation			
	Plans		e Director State Policy		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		999.96		
 C.	Full Name (Last, First, Middle Initial) Francis Jantzen III			Date of Receipt	
	Mailing Address 17982 NW 9th Ct.			0 5 1 0 /	2007
	City	State	Zip Code	Transaction ID: 4cef8	80abb6c17f689c
	Pembroke Pines	FL	33029-3113	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			350.00
	Name of Employer AvMed	Occupation VP, Clien	n It Services		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	ıl	
	Other (specify)		350.00		
SI	JBTOTAL of Receipts This Page (optional)				516.66
т	OTAL This Period (last page this line number or	nly)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 / 144
•			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atomonte may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	• • •	/ALIID DAC	· \	
	Americas Health Insurance Plans PAC	(ANIP PAC	')	
_	Full Name (Last, First, Middle Initial)			
A.	Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	٧W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-16
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	rodoral political committee.			
	Name of Employer America's Health Insurance	Occupation	า	
	America's Health Insurance Plans	Director of	of Policy Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		360.00	
		0 0	0 0 0 0 0 0 0	4
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	\W		M M / D D / Y Y Y Y
	South Bldg, Ste 500	***		04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-19
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•	20	2000+ 2001	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		30.00
	rederal political committee.			
	Name of Employer	Occupation	า	
	America's Health Insurance Plans	Director of	of Policy Development	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	7 199. 09u.0	Tour to Date (1
	Other (specify) ▼		360.00	
	canor (opeciny) 🔻			1
_	Full Name (Last, First, Middle Initial)			
C.	Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	\W		M M / D D / Y Y Y Y
	South Bldg, Ste 500	***		05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-18
	Washington	DC	20004-2601	Amount of Each Receipt this Period
				- Indian of Eddin todally, and todal
	FEC ID number of contributing federal political committee.	C		30.00
	rederal political committee.			
	Name of Employer America's Health Insurance	Occupation	า	7
	America's Health Insurance Plans	Director of	of Policy Development	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		360.00	
				"
	L			
_	IIPTOTAL of Descripts This Dags (anticard)			90.00
$ hd_{\sim}$	UBTOTAL of Receipts This Page (optional)			

SC	CHEDULE A (FEC Form 3X)		Llan apparata appadula(a)	FOR LINE N		PAGE 46 / 144
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only o	ne)	
111	EMIZED RECEIP 15		Detailed Summary Page	X 11a	11b	11c 12
			, ,	13	14	15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpos	e of solicit	ing contributions
		THE AND ADD	iress or any political committee to	SOIICIT COLITIDUT	OHS HOIH S	such committee.
	NAME OF COMMITTEE (In Full)		,			
/	Americas Health Insurance Plans PAC (A	AHIP PAC)			
۹.	Full Name (Last, First, Middle Initial) Scott Keefer			Date of R	eceipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	N		0.5	31	2007
	City	State	Zip Code	Transacti	on ID: 20	070523-18
	Washington	DC	20004-2601	Amount o	f Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C				30.00
	Name of Employer America's Health Insurance	Occupation	1			
	America's Health Insurance Plans		of Policy Development			
	Receipt For:		Year-to-Date ▼			
	Primary General	111				
	Other (specify) ▼	0 0	360.00			
3.	Full Name (Last, First, Middle Initial) Scott Keefer			Date of R	eceipt	
	Mailing Address 601 Pennsylvania Ave NV	V		MM		/ Y Y Y Y
	South Bldg, Ste 500			0 6	15	2007
	City	State	Zip Code	Transacti	on ID: 20	070611-20
	Washington	DC	20004-2601	Amount o	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C				30.00
	Name of Employer America's Health Insurance	Occupation	1			
	America's Health Insurance Plans	Director of	of Policy Development			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		360.00			
	Other (specify)		360.00			
) .	Full Name (Last, First, Middle Initial) Scott Keefer			Date of R	eceipt	
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	N		0 6	29	2007
	City	State	Zip Code	Transacti	on ID: 20	070628_21_13_38
	Washington	DC	20004-2601	Amount o	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C				30.00
	Name of Employer	Occupation	1	┪		
	America's Health Insurance Plans		of Policy Development			
	Receipt For:		Year-to-Date ▼	7		
	Primary General	11 1				
	Other (specify) ▼		360.00			
	IDTOTAL (D. 11 Til D. 11 T					90.00
SI	JBTOTAL of Receipts This Page (optional)		<u> </u>			33.30

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC	()	
A.	Excellus Blue Cross Blue Shield Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	State NY C Occupation President Aggregate		Date of Receipt M M M / 18 2007 Transaction ID: 3674830704184257958 Amount of Each Receipt this Period 2000.00 Date of Receipt
3.	America's Health Insurance	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident, Medical Affairs e Year-to-Date ▼ 336.00	Date of Receipt M M M J 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Pres	Zip Code 20004-2601 n sident, Medical Affairs e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20070518-20 Amount of Each Receipt this Period 28.00
s	UBTOTAL of Receipts This Page (optional)		······	2056.00
т	OTAL This Period (last page this line number only	v))	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 48 / 144 (check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or used by any persone and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al	HIP PAC)	
Full Name (Last, First, Middle Initial) A. Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	1	05 31 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070523-20
FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 28.00
America's Healfh Insurance Plans	Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW	ı	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
South Bldg, Ste 500 City	State Zip Code	Transaction ID: 20070611-22
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 28.00
America's Healfh Insurance Plans	Occupation Vice President, Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initial) 2. Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	l	06 29 2007
City Washington	State Zip Code DC 20004-2601	Transaction ID: 20070628_23_13_38 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
America's Healfh Insurance Plans	Occupation Vice President, Medical Affairs Aggregate Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optional)		84.00

COLLEGE A (FEO.F. COV)				FOR LINE NUMBER: PAGE 49 / 144
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	
•			Detailed Summary Page	
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC ((AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		05 31 7 2007
	City	State	Zip Code	Transaction ID: 20070523-21
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Director of	n of Operations and Claims	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		249.96	1
	Other (specify) ▼		249.90	
В.	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		
	Plans		of Operations and Claims	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	249.96	
	Other (specify)	0 0		J
	Full Name (Last, First, Middle Initial)			
C.	Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	JW		M M / D D / Y Y Y Y
	South Bldg, Ste 500	•••		06 29 2007
	City	State	Zip Code	Transaction ID: 20070628_24_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation Director	n of Operations and Claims	
	Plans Receipt For:	1	Year-to-Date ▼	\dashv
	Primary General	, iggi egale	Tour to bate y	1
	Other (specify)		249.96	
	Strict (opcon)) \	-		
				62.49
Ls	UBTOTAL of Receipts This Page (optional)		······	OZ.TJ
1 -				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 144	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	7
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		02 15 2007	
	City	State	Zip Code	Transaction ID: 20070226-a-23	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer America's Health Insurance	Occupation	1	7	
	Plans Plans	SVP Ctr I	Health Policy Research		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1500.00		
	Other (specify) 🔻	0 0			
В.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y	
	South Bldg, Ste 500	Ctoto	Zin Codo	02 28 2007	
	City Washington	State DC	Zip Code	Transaction ID: 20070226-b-23	
	•	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer America's Health Insurance	Occupation		7	
	Plans		Health Policy Research		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1500.00		
	Other (specify)	0 0			
<u> </u>	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt	_
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 20070315-24	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer America's Health Insurance Plans	Occupation SVP Ctr I	n Health Policy Research		
	Receipt For:	1	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		1500.00		
		· · · · · ·		075.00	
s	UBTOTAL of Receipts This Page (optional)		·····	375.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 144
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(ΔΗΙΡ ΡΔΟ)	
	Americas ricatif insurance rians rive	(/11111 1 /10	,	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-24
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Employer America's Health Insurance	Occupation		
	Plans	SVP Ctr I	Health Policy Research	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1500.00	1
	Other (specify) ▼		1500.00	
				•
	Full Name (Last, First, Middle Initial)			
В.	Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-20
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Employer	Ossumation	•	_
	Name of Employer America's Health Insurance	Occupation		
	Plans		Health Policy Research	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
		' '	1500.00	
	Other (specify)	1 1		
	Full Name (Lost First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
•	Mailing Address 601 Pennsylvania Ave N	.1\\\/		M M / D D / Y Y Y Y
	South Bldg, Ste 500	4 V V		04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•			7 tillodrit of Edon't teodipt tillo 1 eriod
	FEC ID number of contributing federal political committee.	C		125.00
	rederal political committee.			
	Name of Employer America's Health Insurance Plans Occu SVP		1	
			Health Policy Research	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1 1 1 1 1 1 1 1 1 1	1
	Other (specify) ▼	1	1500.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 144
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHID DAC)	
	Americas mealth insurance mails i Ao	(AIIII I AO)	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	vw		M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Employer America's Health Insurance	Occupation	1	
	Plans	SVP Ctr I	Health Policy Research	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	1500.00	1
	Other (specify)		1500.00	
				•
	Full Name (Last, First, Middle Initial)			
В.	Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	٧W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-22
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Francisco	0		_
	Name of Employer America's Health Insurance	Occupation		
	Plans		Health Policy Research	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1500.00	
	Other (specify)	0 0		
_	Full Name (Leas First Astronomy Letter)			
C.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
٠.	Mailing Address 601 Pennsylvania Ave N	\I\A <i>I</i>		M M / D D / Y Y Y Y
	South Bldg, Ste 500	AAA		06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-24
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•		2000 1 2001	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		125.00
	rederal political committee.			
	Name of Employer America's Health Insurance	Occupation	1	
	Amorioo'e Hoolfh Incurance		Health Policy Research	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	1	1 1 1 1 1 1 1 1 1 1	1
	Other (specify) ▼		1500.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
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0				FOR LINE NUMBER: PAGE 53 / 144
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
•			Detailed Summary Page	
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		0 6 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 20070628_25_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Health Policy Research Year-to-Date ▼ 1500.00	
<u> </u>				Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500			02 / 15 / 2007
	City	State	Zip Code	Transaction ID: 20070226-a-25
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n ocacy Professional Services Year-to-Date ▼ 2499.96]
<u> </u>	Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		0 2 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 20070226-b-25
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n ocacy Professional Services Year-to-Date ▼ 2499.96	
s	UBTOTAL of Receipts This Page (optional)			541.66

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 54 / 144
	EMIZED RECEIPTS		or each category of the	(check only one)	
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soli solicit contributions fror	iciting contributions n such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03	2007
	City	State	Zip Code	Transaction ID: 2	20070315-25
	Washington	DC	20004-2601	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			208.33
	Name of Employer America's Health Insurance Plans	Occupation EVP Adv	n ocacy Professional Services		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	2499.96		
В.	Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 / 3	0 / Y Y Y Y Y 2 0 0 7
	City	State	Zip Code	Transaction ID: 2	20070322-25
	Washington	DC	20004-2601	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			208.33
	Name of Employer America's Health Insurance Plans	Occupation EVP Adv	n ocacy Professional Services		
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		2499.96		
<u> </u>	Full Name (Last, First, Middle Initial) Dan Leonard			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		0 4 1	
	City	State	Zip Code	Transaction ID: 2	20070416-21
	Washington	DC	20004-2601	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			208.33
	Name of Employer America's Health Insurance Plans		ocacy Professional Services		
	Receipt For:	Aggregate	Year-to-Date ▼	1	
	Primary General Other (specify) ▼		2499.96		
s	UBTOTAL of Receipts This Page (optional)		.		624.99
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 55 / 144
	· ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Americas Health Insurance Plans PAC	(AHID DAC	1	
	Americas riealtii insurance rians i Ao	טא ו וווא)	')	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dan Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	vw.		M M / D D / Y Y Y Y
	South Bldg, Ste 500			04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-24
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•			This can be a second as a seco
	FEC ID number of contributing federal political committee.	C		208.33
	rederal political continuitee.			
	Name of Employer America's Health Insurance	Occupation	า	
	America's Health Insurance Plans	EVP Adv	ocacy Professional Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		2499.96	
			0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.	Dan Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	١W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer	Occupation	า	
	America's Health Insurance Plans	EVP Adv	ocacy Professional Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		0,100,00	1
	Other (specify)		2499.96	
				*
	Full Name (Last, First, Middle Initial)			
C.	Dan Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	٧W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-23
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			208.33
	federal political committee.	C		200.00
	Name of Familian	0		_
	Name of Employer America's Health Insurance	Occupation		
	Plans		ocacy Professional Services	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	2499.96	
	Other (specify)		2.00.00	
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				604.00
s	UBTOTAL of Receipts This Page (optional)			624.99
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SCHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 56 / 144						
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)						
I EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	_					
			13 14 15 16	17					
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)		areas or any pennous committee to							
Americas Health Insurance Plans PAC (AHIP PAC	5)							
Full Name (Last, First, Middle Initial)									
A. Dan Leonard			Date of Receipt						
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		06 15 2007						
City	State	Zip Code	Transaction ID: 20070611-25						
Washington	DC	20004-2601	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		208.33						
Name of Employer America's Health Insurance	Occupation	 1	┪						
America's Health Insurance Plans	EVP Adv	ocacy Professional Services							
Receipt For:		Year-to-Date ▼	1						
Primary General		2400.00							
Other (specify) ▼		2499.96							
Full Name (Last, First, Middle Initial) 3. Dan Leonard			Date of Receipt						
Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y Y	1					
South Bldg, Ste 500			06 29 2007						
City	State	Zip Code	Transaction ID: 20070628_26_13_	_38					
Washington	DC	20004-2601	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		208.33						
Name of Employer America's Health Insurance	Occupation	1	7						
America's Health Insurance Plans	EVP Adv	ocacy Professional Services							
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General	-	2499.96							
Other (specify)		2433.30							
Full Name (Last, First, Middle Initial) 2. Joe Lessen			Date of Receipt						
Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y Y	1					
South Bldg, Ste 500			03 15 2007						
City	State	Zip Code	Transaction ID: 20070315-26						
Washington	DC	20004-2601	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		41.67						
Name of Employer	Occupation	<u> </u>	1						
America's Health Insurance Plans	Dir Speci	al Projects Federal Affairs							
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General		500.04							
Other (specify)		500.04							
SUBTOTAL of Receipts This Page (optional)		·····	458.33	-					

PAGE 57 / 144 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Date of Receipt Joe Lessen Mailing Address 601 Pennsylvania Ave NW 30 03 2007 South Bldg, Ste 500 Zip Code City State Transaction ID: 20070322-26 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer America's Health Insurance Occupation Dir Special Projects Federal Affairs **Plans** Aggregate Year-to-Date V Receipt For: Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Joe Lessen Date of Receipt Mailing Address 601 Pennsylvania Ave NW 0.4 13 2007 South Bldg, Ste 500 City State Zip Code Transaction ID: 20070416-22 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer America's Health Insurance Occupation Dir Special Projects Federal Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) C. Joe Lessen Date of Receipt Mailing Address 601 Pennsylvania Ave NW 0.4 3 0 2007 South Bldg, Ste 500 Citv State Zip Code Transaction ID: 20070427-a-25 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 41.67 C federal political committee. Name of Employer America's Health Insurance Occupation Dir Special Projects Federal Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 1	44
	EMIZED RECEIPTS		or each category of the	(check only one)	
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contribution solicit contributions from such committee	S
	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC	AHIP PAC	5)		
Α.	Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		0 5	
	City	State	Zip Code	Transaction ID: 20070518-24	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.6	67
	Name of Employer America's Health Insurance	Occupation	1	7	
	America's Healfh Insurance Plans	Dir Speci	al Projects Federal Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.04		
	Other (specify)		500.04		
В.	Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N	IW		M M / D D / Y Y Y	Y
	South Bldg, Ste 500			05 31 200	7
	City	State	Zip Code	Transaction ID: 20070523-24	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.6	67
	Name of Employer America's Health Insurance	Occupation	า	7	
	Plans	Dir Speci	al Projects Federal Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.04		
	Other (specify)	0 0	300.04		
<u> </u>	Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		M M / D D / Y Y Y Y Y Y 2 0 0	
	City	State	Zip Code	Transaction ID: 20070611-26	
	Washington	DC	20004-2601	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.6	67
	Name of Employer America's Health Insurance Plans	Occupation Dir Speci	n al Projects Federal Affairs		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.04		
	Other (specify) ▼		500.04		
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S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 59 / 144
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
01	NAME OF COMMITTEE (In Full)	iame and ade	iress of any political committee to	Solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(ALID DAC	١	
	Americas nealth insurance Flans FAC	(Anir FAC)	
Α.	Full Name (Last, First, Middle Initial) Joe Lessen			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	٧W		M M / D D / Y Y Y Y
	South Bldg, Ste 500	01-1-	7'- O-4-	06 29 2007
	City	State DC	Zip Code	Transaction ID: 20070628_27_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation		7
	Plans		al Projects Federal Affairs	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.04	
				1
В.	Full Name (Last, First, Middle Initial) Winston Lonsdale			Date of Receipt
	Mailing Address 11361 S.W. 123rd Street	et		M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	05 10 2007
	Miami	FL	33176	Transaction ID: 156c18b641ede66e5e3 Amount of Each Receipt this Period
			00170	Amount of Lacif Necelpt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer	Occupation	1	\dashv
	Avmed	VP, Clain		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	350.00	1
	Other (specify)	1 1	330.00	
<u> </u>	Full Name (Last, First, Middle Initial) William Marino			Date of Receipt
	Mailing Address 3 Penn Plz			M M / D D / Y Y Y Y
	13E			06 07 2007
	City	State	Zip Code	Transaction ID: 2e4188b1495eb7c79c9
	Newark	NJ	07105-2258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer Horizon Blue Cross Blue	Occupation		7
	Shield of NJ	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
	☐ Other (specify) ▼			1
Г				
s	UBTOTAL of Receipts This Page (optional)			1891.67
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 144
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC	3)	_
Full Name (Last, First, Middle Initial) Anthony Marlon			Date of Receipt
Mailing Address 2724 N Tenaya Way #205			03 21 7 2007
City	State	Zip Code	Transaction ID: 5542980703215832678
Las Vegas	NV	89128-0424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Sierra Health Services,	Occupation		
Inc. Receipt For:		Year-to-Date ▼	
Primary General			1
Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) Roberto Martinez			Date of Receipt
Mailing Address 624 Miller Road			05 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 9da5b7f65794c8b3ebe
East Greenbush	NY	12061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer CDPHP	Occupation	n dical Affairs	
Receipt For:		Year-to-Date ▼	-
Primary General		050.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Javier Mendoza			Date of Receipt
Mailing Address 13224 SW 40th Street			05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: a5d6a4ff835ed136207
<u>Davie</u>	FL	33330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer AvMed	Occupation VP	ı	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		350.00	1
Other (specify) ▼		0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			2600.00
TOTAL This Period (last nage this line number o	inly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 144 (check only one) X 11a 11b 11c 12			
			, J	13 14 15 16 17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC	;)				
۹.	Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave NV	N		Date of Receipt			
	South Bldg, Ste 500 City	State	Zip Code	0 6 1 5 2 0 0 7 Transaction ID: 20070611-31			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Director Product Policy e Year-to-Date ▼ 240.00				
3.	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	N		06 29 2007			
	City	State	Zip Code	Transaction ID: 20070628_32_13_38			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer America's Health Insurance	Occupation	n e Director Product Policy				
	Plans Receipt For:		e Year-to-Date ▼	-			
	Primary General Other (specify) ▼		240.00				
).	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	N		05 15 2007			
	City	State	Zip Code	Transaction ID: 20070518-31			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer America's Health Insurance	Occupation Senior As	n ssociate Counsel				
	Plans Receipt For: ☐ Primary General ☐ Other (specify) ▼		e Year-to-Date ▼ 300.00				
s	SUBTOTAL of Receipts This Page (optional)						
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S	CHEDULE A (FEC Form 3X)		Llas assausta askada(a)	FOR LINE NUMBER: PAGE 62 / 144				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
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or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.				
abla	NAME OF COMMITTEE (In Full)							
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)					
A.	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 31 2007				
	City	State	Zip Code	Transaction ID: 20070523-31				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer America's Health Insurance	Occupation Senior As	ssociate Counsel					
	Plans Receipt For:		Year-to-Date ▼					
	Primary General	1 1	300.00	7				
	Other (specify) ▼	0 0	300.00					
В.	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		06 15 2007				
	City	State	Zip Code	Transaction ID: 20070611-33				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer America's Health Insurance	Occupation						
	Plans		ssociate Counsel Year-to-Date					
	Receipt For: Primary General	Aggregate	r rear-to-Date V	7				
	Other (specify) ▼		300.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		06 29 2007				
	City	State	Zip Code	Transaction ID: 20070628_34_13_38				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel					
	Receipt For: Primary General Aggrega		Year-to-Date ▼					
			300.00	1				
	Other (specify) ▼							
s	UBTOTAL of Receipts This Page (optional)			75.00				
T.	TOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 63 / 144 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	(3)	
۹.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	W		05 31 7 2007
	City	State	Zip Code	Transaction ID: 20070523-32
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Regional	n Director, Sate Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		249.96	
3.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	06 15 2007		
	South Bldg Ste 500 City	Transaction ID: 20070611-34		
	Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		7
	Plans Receipt For:		Director, Sate Advocacy Year-to-Date ▼	-
	Primary General	Aggregate		
	Other (specify) ▼	0 0	249.96	
<u>-</u> Э.	Full Name (Last, First, Middle Initial) Martin Mitchell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg Ste 500	W		06 29 7 2007
	City	State	Zip Code	Transaction ID: 20070628_35_13_38
	<u>Washington</u>	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		Director, Sate Advocacy Year-to-Date ▼	\dashv
	Primary General	7 .gg. 0gu.c		
	Other (specify) ▼	0 0	249.96	
S	UBTOTAL of Receipts This Page (optional)			62.49
т	OTAL This Period (last page this line number on	lv)		

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 144 (check only one)
ITEMIZED RECEIPTS		or each category of the		
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions
CI		name and add	dress of any political committee to	Solicit Contributions from Such Committee.
	NAME OF COMMITTEE (In Full)	/ALUD DAG		
\angle	Americas Health Insurance Plans PAC	(AHIP PAC	;) 	
Α.	Full Name (Last, First, Middle Initial) Linda Navarra			Date of Receipt
	Mailing Address 12 Waterview Dr			05 12 2007
	City	State	Zip Code	Transaction ID: 334a1657dd28dd8ac4f
	Saratoga Springs	NY	12866-8724	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer CDPHP	Occupation	n on requested	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	55 5		1
	Other (specify) ▼		250.00	
				-
В.	Full Name (Last, First, Middle Initial) David O'Brien			Date of Receipt
	Mailing Address 165 Millview Drive	M M / D D / Y Y Y Y		
				04 18 2007
	City	State	Zip Code	Transaction ID: 0235970704186470267
	Pittsburgh	<u>PA</u>	15238	Amount of Each Receipt this Period
	FEC ID number of contributing	С		2000.00
	federal political committee.			
	Name of Employer	Occupation	n	7
	Highmark	EVP, Go	vt Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2000.00	1
	Other (specify) ▼	0 0	2000.00	1
_	Full Name (Last, First, Middle Initial)			Date of Descipt
U .	Francine Parker Mailing Address 2850 W Grand Blvd			Date of Receipt
	Walling Address 2850 W Grand Bivd			02 07 2007
	City	State	Zip Code	Transaction ID: 3886330702126111030
	Detroit	MI	48202-2692	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	2000.00
	federal political committee.	C		2000.00
	Name of Employer Health Alliance Plan	Occupation	n t and CEO	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	.55. 55410		1
	Other (specify)		2000.00	
				4
_	UBTOTAL of Receipts This Page (optional)			4250.00
\vdash	COTOTAL OF HOOGIPIS THIS Fage (Optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 144				
ITEMIZED RECEIPTS		or each category of the		(check only one)				
ш	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17	7			
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	Americas Health Insurance Plans PAC	AHIP PAC)					
Α.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		03 15 2007				
	City	State	Zip Code	Transaction ID: 20070315-36				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		41.67				
	Name of Employer America's Health Insurance	Occupation	1	7				
	America's Healfh Insurance Plans	State Adv	ocacy Regional Director					
	Receipt For:		Year-to-Date ▼					
	Primary General		500.04					
	Other (specify)		500.04					
В.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N	NW		M M / D D / Y Y Y				
	South Bldg, Ste 500			03 30 2007				
	City	State	Zip Code	Transaction ID: 20070322-36				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		41.67				
	Name of Employer America's Health Insurance	Occupation	1	7				
	Plans	State Adv	ocacy Regional Director					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		500.04					
	Other (specify) ▼	0 0	300.04					
<u> </u>	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt	_			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		0 4 1 3 2 0 0 7				
	City	State	Zip Code	Transaction ID: 20070416-32				
	Washington	DC	20004-2601	Amount of Each Receipt this Period	_			
	FEC ID number of contributing federal political committee.	C		41.67				
	Name of Employer America's Health Insurance	Occupation						
	Plans Pagaint For:		vocacy Regional Director Year-to-Date ▼	\dashv				
	Receipt For: Primary General	Aggregate	rear-to-Date ▼					
	Other (specify)		500.04					
	Strict (opcony) \	-	0 0 0 0 0 0 0					
	LIPTOTAL of Possints This Poss (antique)			125.01				
\vdash	UBTOTAL of Receipts This Page (optional)		······					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 66 / 144
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-35
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation State Adv	n vocacy Regional Director	
	Plans Receipt For:		Year-to-Date ▼	
	Primary General	199.194		1
	Other (specify) ▼		500.04	
В.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	١W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-33
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer	Occupation	1	_
	America's Health Insurance Plans		ocacy Regional Director	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	500.04	
	Full Name (Last, First, Middle Initial)			1
C.	Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		05 / 31 / 2007
	City	State	Zip Code	Transaction ID: 20070523-33
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation	1	
	America's Health Insurance Plans	State Adv	ocacy Regional Director	
	1 lario		Year-to-Date ▼	
	Primary General		500.04	1
	Other (specify) ▼		500.04	
				107.0
s	UBTOTAL of Receipts This Page (optional)			125.01
\vdash	·		·	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		GE 67 / 144
TEMIZED RECEIPTS		or each category of the	(check only one)	
TEMIZED REGEII 10		Detailed Summary Page	X 11a 11b 11c 15	12 16 17
Any information copied from such Reports and Sta	atements may	unot be sold or used by any perso		
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such co	ommittee.
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC	(AHIP PAC	()		
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt	
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500		71.0	0 6 1 5 Y	2007
City	State DC	Zip Code	Transaction ID: 2007061	
Washington	DC	20004-2601	Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	C			41.67
Name of Employer America's Health Insurance Plans	Occupation State Adv	n vocacy Regional Director		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		500.04		
Full Name (Last, First, Middle Initial) 3. Betsy Pelovitz			Date of Receipt	
Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		0 6 2 9	2007
City	State	Zip Code	Transaction ID: 2007062	28_36_13_38
Washington	DC	20004-2601	Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	С			41.67
Name of Employer America's Health Insurance	Occupation			
<u>Plans</u>		vocacy Regional Director		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify) ▼		500.04		
Full Name (Last, First, Middle Initial) Christopher Perna			Date of Receipt	
Mailing Address 165 Court St			03 / D D / Y	2007
City	State	Zip Code	Transaction ID: 4300760	703215883777
Rochester	NY	14647-0001	Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	С			2000.00
Name of Employer MedAmerica	Occupation President			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼	0 0	3000.00		
SUBTOTAL of Receipts This Page (optional)				2083.34
TOTAL This Period (last page this line number or	nlv)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	BER: PAGE 68 / 144		
TEMIZED RECEIPTS			or each category of the	(check only one)			
•	LIVIIZED REOLII 13		Detailed Summary Page		1b 11c 12 4 15 16 17		
۸۰	winformation against from augh Paparta and Stat	omente me	ret he cold or wood by any norse				
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions	s from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)				
۹.	Full Name (Last, First, Middle Initial) Christopher Perna			Date of Rece	ipt		
	Mailing Address 165 Court St			0 3	21 2007		
	City	State	Zip Code		ID: 0289490703215890132		
	Rochester	NY	14647-0001	Amount of Ea	ach Receipt this Period		
	FEC ID number of contributing federal political committee.	C			1000.00		
	Name of Employer MedAmerica	Occupation President					
	Receipt For:	Aggregate	Year-to-Date ▼	7			
	Primary General Other (specify) ▼	0 0	3000.00				
3.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Rece	ipt		
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			02	15 2007		
	City	State	Zip Code	Transaction	ID: 20070226-a-37		
	Washington	DC	20004-2601	Amount of Ea	ach Receipt this Period		
	FEC ID number of contributing federal political committee.	С			116.16		
	Name of Employer America's Health Insurance	Occupation		7			
	Plans		egic Communications				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.			
	Other (specify)		1369.92				
 C.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Rece	ipt		
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		02	28 2007		
	City	State	Zip Code	Transaction	ID: 20070226-b-37		
	Washington	DC	20004-2601	Amount of Ea	ach Receipt this Period		
	FEC ID number of contributing federal political committee.	С			116.16		
	Name of Employer America's Health Insurance Plans	Occupation VP Strate	n egic Communications				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		1369.92				
S	SUBTOTAL of Receipts This Page (optional)						
	,		•	-			
T	OTAL This Period (last page this line number on	ly)	>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 144
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC		
۹.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	W		03 15 7 2007
	City	State	Zip Code	Transaction ID: 20070315-37
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		gic Communications Year-to-Date ▼ 1369.92	
3.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	03 / 30 / 4 2007		
	City	State	Zip Code	Transaction ID: 20070322-37
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		gic Communications Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	1369.92	
).	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	W		04 / 13 / 2007
	City	State	Zip Code	Transaction ID: 20070416-33
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		gic Communications Year-to-Date ▼	-
	Primary General Other (specify) ▼	Aggregate	1369.92	
s	UBTOTAL of Receipts This Page (optional)			348.48

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 144
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	W		04 30 7 2007
	City	State	Zip Code	Transaction ID: 20070427-a-36
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		egic Communications Year-to-Date ▼ 1369.92	
3.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	05 / 15 / 2007		
	City	State	Zip Code	Transaction ID: 20070518-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance	Occupation		
	Plans		egic Communications	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1369.92	
 C.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	W		05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070523-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		gic Communications Year-to-Date	-
	Primary General Other (specify) ▼	Aggregate	1369.92	
S	UBTOTAL of Receipts This Page (optional)		_	348.48

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 144				
ITEMIZED RECEIPTS		or each category of the		(check only one)				
11	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	()					
Α.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave 1 South Bldg, Ste 500	١W		06 15 2007				
	City	State	Zip Code	Transaction ID: 20070611-36				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		116.16				
	Name of Employer America's Health Insurance	Occupation	<u> </u>	7				
	America's Health Insurance Plans	VP Strate	egic Communications					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		1369.92					
	Other (specify)	0 0	1309.92					
В.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y				
	South Bldg, Ste 500	01-1-	7'- 0-4-	06 29 2007				
	City	State DC	Zip Code	Transaction ID: 20070628_37_13_38				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		116.16				
	Name of Employer America's Health Insurance	Occupation	า	7				
	Plans	VP Strate	egic Communications					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		1369.92					
	Other (specify)	0 0	1003.32					
<u> </u>	Full Name (Last, First, Middle Initial) Richard Popiel			Date of Receipt				
	Mailing Address 365 Christopher Drive			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 85614e1ace3697c327e				
	Princeton	NJ	08540	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		2500.00				
	Name of Employer Horizon BCBSNJ	Occupation VP & CM						
	Receipt For:	Aggregate	Year-to-Date ▼	7				
	Primary General		0500.00	1				
	Other (specify)		2500.00					
	IIDTOTAL of Descints This Desc (sertions)		_	2732.32				
\vdash	UBTOTAL of Receipts This Page (optional)		·······					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing	State DC	Zip Code 20004-2601	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director Aggregate	n e Year-to-Date ▼ 249.96	20.83
3.	Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing	State DC	Zip Code 20004-2601	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director Aggregate	n e Year-to-Date ▼ 249.96	
D.	Full Name (Last, First, Middle Initial) Jennifer Rak Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director	Zip Code 20004-2601	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 20070628_38_13_38 Amount of Each Receipt this Period 20.83
	UBTOTAL of Receipts This Page (optional)			62.49
T	OTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE /3 / 144
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and Stater	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (Al	HIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	<i>I</i>		02 15 7 2007
	City	State	Zip Code	Transaction ID: 20070226-a-39
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	America's Health Insurance	Occupation	sident, State Advocacy	
	1 lario		Year-to-Date ▼	1
	Primary General			
	Other (specify) ▼	0 0	999.96	
3.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500	<i>-</i>		02 / 28 / 2007
	City	State	Zip Code	Transaction ID: 20070226-b-39
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	America's Health Insurance	Occupation		
	Plans		sident, State Advocacy	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		999.96	
).	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW	I		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 15 2007
	City	State	Zip Code	Transaction ID: 20070315-39
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Amorioa's Hoalfh Incurance	Occupation		7
	Plans		sident, State Advocacy	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		999.96	
	Guior (specify) ▼	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			249.99
_			<u></u>	
т	OTAL This Period (last page this line number only))	•	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 144
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	/ALUD DAG		
\angle	Americas Health Insurance Plans PAC	(AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-39
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	n sident, State Advocacy	
	Plans Receipt For:	1	Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		999.96	
В.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-35
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer	l Ossumation		_
	Name of Employer America's Health Insurance	Occupation	ident, State Advocacy	
	Plans Receipt For:		Year-to-Date ∇	_
	Primary General	Aggregate	Teal to Bate ¥	1
	Other (specify)		999.96	
		0 0	0 0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		04 30 7 2007
	City	State	Zip Code	Transaction ID: 20070427-a-38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			83.33
	federal political committee.	C		65.55
	Name of Employer America's Health Insurance	Occupation		
	Plans	1	sident, State Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		999.96	
	Other (specify)			1
	UBTOTAL of Receipts This Page (optional)		_	249.99
-°	ODIOTAL OF RECEIPES THIS Page (Optional)			

ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any perso me and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	· ·	
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004-2601 C Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20070518-36 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500 City		Date of Receipt M M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	DC 20004-2601 C C C C C C C C C C C C C C C C C C C	Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	
Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave N' South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004-2601 C Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on	·	249.99

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 76 / 144
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b	11c 12
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of solici	15 16 17 ting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)		
^	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt	
Α.	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		M M / D D D D D D D D D D D D D D D D D	2007
	City	State	Zip Code		070628_39_13_38
	Washington FEGURA TURBER of contributing	DC	20004-2601	Amount of Each Re	1 1 1 1
	FEC ID number of contributing federal political committee.	C			83.33
	Name of Employer America's Health Insurance Plans		sident, State Advocacy		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify) ▼		999.96		
— В.	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		05 31	2007
	City	State	Zip Code	Transaction ID: 20	
	Washington	DC	20004-2601	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			20.83
	Name of Employer America's Health Insurance Plans		sident, Public Health & Clinic		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		249.96		
<u> </u>	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500			06 / 15	2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20	
	FEC ID number of contributing		20004-2001	Amount of Each Re	
	federal political committee.	C			20.83
	Name of Employer America's Health Insurance Plans		sident, Public Health & Clinic	;	
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼	0 0	249.96		
s	UBTOTAL of Receipts This Page (optional)				124.99
T	OTAL This Period (last page this line number o	nly)	.		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 144
	-		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		06 / 29 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070628_42_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		249,96	
	Other (specify) ▼	0 0	249.90	
3.	Full Name (Last, First, Middle Initial) Richard Rivers			Date of Receipt
	Mailing Address 8515 E Orchard Rd			03 / 21 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1190240703215860133
	Greenwood Village	CO	80111-5002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Great-West Healthcare	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2000.00	
	Other (specify) ▼	0 0	2000.00	
Э.	Full Name (Last, First, Middle Initial) Jeannine Rivet			Date of Receipt
	Mailing Address 9900 Bren Rd E			06 27 7 2007
	City	State	Zip Code	Transaction ID: b57fbc8ce79ea48d557
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer UnitedHealth Group	Occupation	n e Vice President	
	Receipt For:		e Year-to-Date ▼	
	Primary General		5000.00	1
	Other (specify) ▼		5000.00	
s	UBTOTAL of Receipts This Page (optional)			7020.83
Ţ.	OTAL This Period (last page this line number or	alv)		
- 1	UIAL THIS I CHOU (IAST PAYE THIS HITE HUHIDEF OF	ш у)	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Marc Rivo Mailing Address 4566 Prairie Ave City Miami Beach FEC ID number of contributing federal political committee. Name of Employer AvMed Receipt For: Primary General Other (specify)		Zip Code 33140 n AL MED. DIRE e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: eca9113ec079206a905 Amount of Each Receipt this Period 350.00
3.	Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Pres		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20070226-a-42 Amount of Each Receipt this Period 83.33
	Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Vice Pres		Date of Receipt M M A 28 2007 Transaction ID: 20070226-b-42 Amount of Each Receipt this Period 83.33
s	UBTOTAL of Receipts This Page (optional))	516.66
т	OTAL This Period (last page this line number on	v)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 79 / 144
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atomonte may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	, ,	/ALIID DAC	١	
	Americas Health Insurance Plans PAC	(ANIP PAC)	
_	Full Name (Last, First, Middle Initial)			
A.	Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	٧W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 15 2007
	City	State	Zip Code	Transaction ID: 20070315-42
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	1	
	Plans	Vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-		1
	Other (specify) ▼		999.96	
	-			4
_	Full Name (Last, First, Middle Initial)			
B.				Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	٧W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-42
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation	1	
	Plans .	Vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify)		999.96	
_	Full Name (Last, First, Middle Initial)			Data of Baselet
C.	Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	νW		04 13 2007
	City	State	Zip Code	
	Washington	DC	20004-2601	Transaction ID: 20070416-38
	•	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		83.33
	federal political committee.			
	Name of Employer America's Health Insurance	Occupation	1	
	America's Health Insurance Plans	Vice Pres		
	Receipt For:	-	Year-to-Date ▼	
	Primary General	33 - 3 - 4		1
	Other (specify)		999.96	
		0 0		4
	L			
_	IIPTOTAL of Descripts This Dags (anticard)			249.99
$ hd_{}$	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Llas assausta askadula(a)	FOR LINE NUMBER: PAGE 80 / 144
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	winformation against from such Danasta and Cta	tamanta may	, not be cold or used by any never	13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	rnot be sold or used by any personal ress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State			04 30 2007
			Zip Code	Transaction ID: 20070427-a-41
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		999.96	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		M M / D D / Y Y Y Y
	South Bldg, Ste 500	State	Zip Code	05 15 2007
	Washington	DC	20004-2601	Transaction ID: 20070518-39 Amount of Each Receipt this Period
	FEC ID number of contributing		20004 2001	
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		
	Plans	Vice Pres		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		999.96	
<u>С</u> .	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	W		05 31 2007
	South Bldg, Ste 500 City	State	Zip Code	Transaction ID: 20070523-40
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			83.33
	federal political committee.	C		65.55
	Primary General			
			Year-to-Date ▼	
			999.96	1
	Other (specify)		333.30	1
s	UBTOTAL of Receipts This Page (optional)			249.99
H	. 5 (1 -7			
т	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 81 / 144
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
01	NAME OF COMMITTEE (In Full)	name and add	arcas or arry pointed committee to	Solicit Contributions from Such continuece.
	Americas Health Insurance Plans PAC	/ALID DAC	·\	
\angle	Americas nealth insurance rians FAC	(AHIF FAC	')	
Α.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave	NW		M M / D D / Y Y Y Y
	South Bldg, Ste 500	01-1-	7'- 0-4-	06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-42
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance	Occupation		
	Plans	Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		999.96	
	Other (specify)	0 0	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave	NW		M M / D D / Y Y Y Y
	South Bldg, Ste 500			06 29 2007
	City	State	Zip Code	Transaction ID: 20070628_43_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
				_
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:	Vice Pres	e Year-to-Date 🔻	
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		999.96	
				4
C.	Full Name (Last, First, Middle Initial) Ken Still			Date of Receipt
	Mailing Address 14515 NW 41st Ave			05 10 2007
	City	State	Zip Code	Transaction ID: 3ebe92c2638681fae8d
	Newberry	FL	32669	Amount of Each Receipt this Period
	FEC ID number of contributing	С		350.00
	federal political committee.	C		300.00
	Name of Employer AvMed	Occupation Group Co		
	Receipt For:		Year-to-Date ▼	
	Primary General	, iggi ogalo		1
	Other (specify) ▼		350.00	
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			516.66
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (•	
۹.	Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave N South Building, Ste 500		7.0.4	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: 20070226-a-45
	Washington FEC ID number of contributing federal political committee.	С	20004-2601	Amount of Each Receipt this Period 204.35
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n vernment Affairs e Year-to-Date ▼ 2452.20	
3.	Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave N South Building, Ste 500	W		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070226-b-45
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans	,	vernment Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2452.20	
) .	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500			75 001	03 / 15 / 2007
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070315-45 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans		vernment Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2452.20	
s	UBTOTAL of Receipts This Page (optional)			613.05
T	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 144
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC	5)	
۹.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Building, Ste 500			03 / 30 / Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 20070322-45
	FEC ID number of contributing		20004-2001	Amount of Each Receipt this Period
	federal political committee.	C		204.35
	Name of Employer America's Health Insurance Plans	Occupation SVP, Gov	n vernment Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2452.20	
3.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Building, Ste 500	N		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070416-40
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		vernment Affairs e Year-to-Date	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	2452.20	
) .	Full Name (Last, First, Middle Initial) Scott Styles	_		Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Building, Ste 500	N		04 30 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070427-a-43
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		204.35
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		vernment Affairs • Year-to-Date ▼	-
	Primary General	riggregate		
	Other (specify) ▼	0 0	2452.20	
s	UBTOTAL of Receipts This Page (optional)			613.05
т	OTAL This Period (last page this line number onl	v)		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 84 / 144 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page _17** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Date of Receipt Scott Styles Mailing Address 601 Pennsylvania Ave NW 05 2007 15 South Building, Ste 500 Zip Code City State Transaction ID: 20070518-41 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 204.35 C federal political committee. Name of Employer America's Health Insurance Occupation SVP, Government Affairs **Plans** Aggregate Year-to-Date ▼ Receipt For: Primary General 2452.20 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Styles Date of Receipt Mailing Address 601 Pennsylvania Ave NW 0 5 31 2007 South Building, Ste 500 City Zip Code Transaction ID: 20070523-42 State Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing C 204.35 federal political committee. Name of Employer America's Health Insurance Occupation SVP, Government Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 2452.20 Other (specify) Full Name (Last, First, Middle Initial) C. Scott Styles Date of Receipt Mailing Address 601 Pennsylvania Ave NW 06 15 2007 South Building, Ste 500 Citv State Zip Code Transaction ID: 20070611-45 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 204.35 C federal political committee. Name of Employer America's Health Insurance Occupation SVP, Government Affairs <u>Plans</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 2452.20 Other (specify) 613.05 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			F	FOR LINE NUMBER: PAGE 85 / 144
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NV South Building, Ste 500	W		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 20070628_46_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		204.35
	Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼		vernment Affairs Year-to-Date ▼ 2452.20	
3.	Full Name (Last, First, Middle Initial) Timothy Teynor			Date of Receipt
	Mailing Address 2600 Sixth St SW			06 22 7 2007
	City	State	Zip Code	Transaction ID: 71ea87b91e972ba25fb
	Canton	OH	44710-1702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer AultCare	Occupation V.P Pul	olic Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
).	Full Name (Last, First, Middle Initial) J. Grover Thomas			Date of Receipt
	Mailing Address 400 Field Drive			03 21 7 2007
	City	State	Zip Code	Transaction ID: 4797060703215919550
	Lake Forest	IL	60045-4809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Trustmark Insurance Compa- ny	Occupation Chairman	n of the Board	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
s	UBTOTAL of Receipts This Page (optional)			3204.35

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 144			
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)			
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	Americas Health Insurance Plans PAC	(AHIP PAC)				
Α.	Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 20070523-43			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		20.83			
	Name of Employer America's Health Insurance	Occupation	n Health Informatics	7			
	Plans Receipt For:		Year-to-Date ▼	_			
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1			
	Other (specify) ▼		249.96				
В.	Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y			
	South Bldg, Ste 500			06 15 2007			
	City	State	Zip Code	Transaction ID: 20070611-46			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing			20.83			
	federal political committee.	C		20.83			
	Name of Employer	Occupation	<u> </u>	_			
	America's Health Insurance		Health Informatics				
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	Other (specify) ▼		249.96				
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C.	Full Name (Last, First, Middle Initial) Jeanette Thornton			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		06 29 7 2007			
	City	State	Zip Code	Transaction ID: 20070628_47_13_38			
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	Name of Employer America's Health Insurance	Occupation					
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or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	/ALID DAC		
/	Americas rieditii insurance Flans FAC	(ALIIF FAC	')	
<u>/</u>	Full Name (Last, First, Middle Initial)			
Α.	Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	\I\A/		M M / D D / Y Y Y Y
	South Bldg, Ste 500	***		05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-44
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	Name of Employer America's Health Insurance	Occupation	1	7
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	Other (specify)		249.96	
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_	Full Name (Last, First, Middle Initial)			
В.	Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	\I\W		M M / D D / Y Y Y Y
	South Bldg, Ste 500	***		06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-47
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	Name of Employer	Occupation	า	
	America's Health Insurance Plans	Deputy D	ir Strategic Comm	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		249.96	
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	Full Name (Last, First, Middle Initial)			
C.	Jonathan Tilton			Date of Receipt
	Mailing Address 601 Pennsylvania Ave I	W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			06 29 2007
	City	State	Zip Code	Transaction ID: 20070628_48_13_38
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	federal political committee.	C		20.03
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Apy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commending purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)				Detailed Summary Page			
NAME GF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC)							
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Michael Tulfin Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Washington DC 20004-2601 FEC ID number of contributing rederal political committee. Name of Employer Americas Health Insurance Paris South Bidg, Ste 500 City Mahing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Mahing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Mahing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Mahing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City Mahing Clast, First, Middle Initial) B. Mane of Employer Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Michael Tulfin Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Mashington DC 20004-2601 FEC ID number of contributing rederal political committee. Name of Employer Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt Amount of Each Receipt this Period DC 20004-2601 Date of Receipt Transaction ID: 20070226-b-49 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 20070215-49 Amount of Each Receipt this Period DC 20004-2601 FEC ID number of contributing rederal political committee. C. Michael Tulfin Mailing Address 601 Pennsylvania Ave NW South Bidg, Site 500 City State Zip Code Mashington DC 20004-2601 FEC ID number of Contributing rederal political committee. Fe ID number of Contributing rederal political committee. Fe ID number of Contributing rederal political committee. Aggregate Year-to-Date ▼ Pirmary General Other (specify) ▼ Amount of Each Receipt this Period Transaction ID: 20070315-49 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 20070315-49 Amount of Each Receipt this Period FEC ID number of contributing rederal political committee. Aggregate Year-to-Date ▼ Date	Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
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A. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bildg. Ste 500 City Washington FEC ID number of contributing federal political committee. C	$ \rangle$	Americas Health Insurance Plans PAC	(AHIP PAC	5)			
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B. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Pict ID number of contributing South Bldg, Ste 500 C. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City Strategic Communications Beceipt For: Primary General Other (specify) ▼ 1500.00 Date of Receipt Mo M		Plans Receipt For: Primary General	SVP Stra	tegic Communications Year-to-Date			
South Bldg, Ste 500 City State Zip Code DC 20004-2601 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	— В.				Date of Receipt		
Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ CIN Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bidg, Ste 500 City State Zip Code Washington PEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 20070315-49 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		South Bldg, Ste 500	1W		02 28 2007		
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America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Michael Tuffin Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M O D D O O O O O O O O O O O O O O			C		125.00		
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	s	UBTOTAL of Receipts This Page (optional)			375.00		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 89 / 144
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Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	• • •	ALID DAC	١	
/	Americas Health Insurance Plans PAC	(ANIP PAU)	
_	Full Name (Last, First, Middle Initial)			
Α.	Michael Tuffin			Date of Receipt
<i>~</i> .		1\A/		M M / D D / Y Y Y Y
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	NVV		03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-49
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	federal political committee.			120.00
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	Name of Employer America's Health Insurance	Occupation		
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	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1500.00	
	Other (specify) ▼		1300.00	
	Full Name (Last, First, Middle Initial)			
В.	Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-44
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	C		125.00
	Name of Employer	Occupation	1	
	America's Healfh Insurance Plans	SVP Stra	tegic Communications	
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_	Full Name (Last, First, Middle Initial)			
C.	Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	JW		M M / D D / Y Y Y Y
	South Bldg, Ste 500	•••		04 30 2007
	City	State	Zip Code	Transaction ID: 20070427-a-47
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	Name of Employer America's Health Insurance	Occupation	1	
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abla	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (AHIP PAC)	
A.	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-45
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer America's Health Insurance Plans	Occupation SVP Stra	tegic Communications	
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В.	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW			M M / D D / Y Y Y Y
	South Bldg, Ste 500			05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-46
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance	Occupation		
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		1500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		06 15 2007
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\setminus	NAME OF COMMITTEE (In Full)				
\rangle	Americas Health Insurance Plans PAC	(AHIP PAC	5)		
Α.	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	1W		06 / 29	2007
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	Washington	DC	20004-2601	Amount of Each Rec	eipt this Period
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	Name of Employer America's Health Insurance	Occupation	า	7	
	America's Health Insurance Plans	SVP Stra	tegic Communications		
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	Primary General		1500.00	1	
	Other (specify) ▼	0 0	1500.00		
В.	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D	/ Y Y Y Y
	South Bldg, Ste 500			02 15	2007
	City	State	Zip Code	Transaction ID: 200	070226-a-50
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	Name of Employer America's Health Insurance	Occupation	า		
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	Primary General		999.96		
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<u> </u>	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt	
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	Name of Employer America's Health Insurance Plans	Occupation VP, Prod	n uct Policy		
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$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)					
	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500			03 / 15 / Y Y Y Y Y				
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	Washington	DC	20004-2601	Amount of Each Receipt this Period				
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3.	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt				
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	City	State	Zip Code	Transaction ID: 20070322-50				
	Washington	DC	20004-2601	Amount of Each Receipt this Period				
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	Primary General		999.96					
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Э.	Full Name (Last, First, Middle Initial) Rod Turner			Date of Receipt				
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		04 / 13 / Y Y Y Y Y Y Y				
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	Washington	DC	20004-2601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		83.33				
	Name of Employer America's Health Insurance	Occupation		7				
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Full Name (Las Rod Turner	st, First, Middle Initial)			Date of	Receipt			
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Name of Emplo America's Hea	oyer Ith Insurance	Occupation						
Plans Receipt For:		VP, Produ	uct Policy Year-to-Date ▼	\dashv				
Primary	General	, iggregale		1				
Other (sp	oecify) ▼	0 0	999.96					
SUBTOTAL of R	Receipts This Page (optional)					24	19.99	
	1 2 3 - (abronon)			-				ī

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 144 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania Ave N	W		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	South Bldg, Ste 500 City	State	Zip Code	Transaction ID: 20070611-50
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n luct Policy e Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Rod Turner Mailing Address 601 Pennsylvania Ave N	W		Date of Receipt 0 6 2 9 2 0 0 7
	South Bldg, Ste 500	State	Zip Code	Transaction ID: 20070628_51_13_38
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n luct Policy e Year-to-Date ▼ 999.96	
 C.	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Downs Golf Dr		lf Dr		03 / 15 / Y Y Y Y Y
	City Marquette	State MI	Zip Code	Transaction ID: 20070315-51
	FEC ID number of contributing federal political committee.	C	49855-9542	Amount of Each Receipt this Period 45.00
	Name of Employer America's Health Insurance Plans Receipt For:		n Director Fed Leg Affairs e Year-to-Date ▼	
	Primary General Other (specify)	Aggregate	540.00	
s	UBTOTAL of Receipts This Page (optional)		_	211.66
т	OTAL This Period (last page this line number on	lv)	_	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 95 / 144		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
۸۰	w information conicd from such Departs and State	omente meu	not be cold or used by any perce	13 14 15 16 17		
or	ny information copied from such Reports and State for commercial purposes, other than using the na	ime and add	ress of any political committee to	solicit contributions from such committee.		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)			
۹.	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt		
	Mailing Address 107 Chocolay Downs Go	lf Dr		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: 20070322-51		
	Marquette	MI	49855-9542	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		irector Fed Leg Affairs Year-to-Date ▼ 540.00			
 3.	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt		
	Mailing Address 107 Chocolay Downs Go	0 4 1 3 2 0 0 7				
	City	Transaction ID: 20070416-46				
	Marquette	MI	49855-9542	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer America's Healfh Insurance	Occupation	1	7		
	Plans		irector Fed Leg Affairs			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00			
).	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt		
	Mailing Address 107 Chocolay Downs Go	lf Dr		04 30 7 2007		
	City	State	Zip Code	Transaction ID: 20070427-a-49		
	Marquette	MI	49855-9542	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C		45.00		
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		irector Fed Leg Affairs Year-to-Date ▼ 540.00			
s	UBTOTAL of Receipts This Page (optional)			135.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 144 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
۹.	Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Go	olf Dr		Date of Receipt 0 5 1 5 2 0 0 7
	City	State	Zip Code	0 5 1 5 2 0 0 7 Transaction ID: 20070518-47
	Marquette	MI	49855-9542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer America's Health Insurance Plans	<u> </u>	Pirector Fed Leg Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	
3.	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
	Mailing Address 107 Chocolay Downs Go	05 31 7 2007		
	City Marquette	State MI	Zip Code 49855-9542	Transaction ID: 20070523-48
	Marqueile	IVII		I Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	49033-3342	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director Fed Leg Affairs	
	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	Occupation Deputy D	n	
	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Deputy D	n Director Fed Leg Affairs e Year-to-Date ▼	
	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Deputy D Aggregate	n Director Fed Leg Affairs e Year-to-Date ▼	45.00
- .	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Go	Occupation Deputy D Aggregate	n Director Fed Leg Affairs e Year-to-Date ▼ 540.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
 D.	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Go	Occupation Deputy D Aggregate	n Director Fed Leg Affairs e Year-to-Date ▼ 540.00	Date of Receipt M M
D.	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Go City Marquette FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	Occupation Deputy D Aggregate Olf Dr State MI C Occupation Deputy D	Director Fed Leg Affairs e Year-to-Date ▼ 540.00 Zip Code 49855-9542 Director Fed Leg Affairs	Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Go City Marquette FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	Occupation Deputy D Aggregate Olf Dr State MI C Occupation Deputy D	n Director Fed Leg Affairs 2 Year-to-Date ▼ 540.00	Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.	FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Go City Marquette FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Deputy D Aggregate DIf Dr State MI C Occupation Deputy D Aggregate	Director Fed Leg Affairs e Year-to-Date ▼ 540.00 Zip Code 49855-9542 Director Fed Leg Affairs e Year-to-Date ▼ 540.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 97 / 144			
			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			, -	13 14 15 16 17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)		71				
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	;)				
۹.	Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt			
	Mailing Address 107 Chocolay Downs Go	olf Dr		06 29 7 2007			
	City	State	Zip Code	Transaction ID: 20070628_52_13_38			
	Marquette	MI	49855-9542	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director Fed Leg Affairs				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	540.00				
 3.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 20070416-47			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		31.25			
	Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Pirector, State Publications				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		375.00				
— Э.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	IW		04 30 7 2007			
	City	State	Zip Code	Transaction ID: 20070427-a-50			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		31.25			
	Name of Employer America's Health Insurance	Occupation		7			
	Plans		virector, State Publications	\dashv			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)		375.00				
s	SUBTOTAL of Receipts This Page (optional)						
т.	OTAL This Period (last page this line number or	nlv)					
•		·· y / ······	······································				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 98 / 144 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
\rangle	Americas Health Insurance Plans PAC (AHIP PAC)	
۹.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 15 2007
City		State	Zip Code	Transaction ID: 20070518-48
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.25
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		irector, State Publications Year-to-Date ▼	-
	Primary General	199.191.11		
	Other (specify)	0 0	375.00	
3.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-49
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance	Occupation		
	Plans Receipt For:		irector, State Publications Year-to-Date ▼	-
	Primary General	7 igg. oguto		
	Other (specify)		375.00	
).	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500		W		06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-52
	Washington	DC	20004-2601	Amount of Each Receipt this Period
America's Health Insurance		С		31.25
		Occupation	r irector, State Publications	
	Plans Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
s	UBTOTAL of Receipts This Page (optional)			93.75
	<u> </u>			

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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 99 / 144			
	•		Use separate schedule(s) or each category of the	(check only one)			
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	Americas Health Insurance Plans PAC (A	AHIP PAC)				
Α.	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500 City State			06 29 7 2007			
			Zip Code	Transaction ID: 20070628_53_13_38			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		31.25			
	Name of Employer America's Health Insurance Plans	Occupation Deputy D	irector, State Publications				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		375.00				
	Full Name (Last, First, Middle Initial)						
В.	Kelly Vogel	Date of Receipt					
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	05 31 7 2007					
	City	State	Zip Code	Transaction ID: 20070523-50			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.83			
	Name of Employer America's Health Insurance Plans	Occupation VP, Fede	ral Affairs				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		249.96				
C.	Full Name (Last, First, Middle Initial) Kelly Vogel			Date of Receipt			
	Mailing Address 601 Pennsylvania Ave NV South Bldg, Ste 500	0 6 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 20070611-53			
	Washington	DC	20004-2601	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.83			
	Name of Employer America's Health Insurance Plans	Occupation VP, Fede					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		249.96				
				1			
s	UBTOTAL of Receipts This Page (optional)			72.91			

SCHEDU	LE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
	O RECEIPTS		or each category of the Detailed Summary Page	ı ⊢) 11b
Any information or for commer	n copied from such Reports and St cial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of solicit contribution	of soliciting contributions s from such committee.
NAME OF	COMMITTEE (In Full) Health Insurance Plans PAC				
Mailing Add	(Last, First, Middle Initial) dress 601 Pennsylvania Ave South Bldg, Ste 500			Date of Rece	D D / Y Y Y Y Y Y 2 0 0 7
City Washing	ton	State DC	Zip Code 20004-2601		ID: 20070628_54_13_38 ach Receipt this Period
FEC ID nu	mber of contributing tical committee.	С			20.83
Plans Receipt Fo Prima	Healfh Insurance r:		eral Affairs e Year-to-Date ▼ 249.96		
Full Name Paul Von El Mailing Add				Date of Rece	eipt
				0 4	18 2007
City Rocheste	er	State NY	Zip Code 14647-0001		ID: 8931490704184167248 ach Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	17077 0001	Amount of E	1666.66
Name of E Excellus In	mployer c.	Occupation Senior Vi	n ice President, Marketing		
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 1666.66		
	(Last, First, Middle Initial)			Data of Dans	-1-1
Mailing Add				Date of Rece	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		ID: fec84b56382e6a6db26
Gainesvil	lle mber of contributing	FL	32602-0749	Amount of E	ach Receipt this Period
	tical committee.	С			350.00
Name of E AvMed He	mployer alth Plan	Occupation VP, Netw			
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 350.00		
SUBTOTAL	of Receipts This Page (optional)				2037.49
TOTAL This	Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 101 / 144
	EMIZED RECEIPTS		or each category of the	(check only one)] ₄₄ . 🖂 45
•			Detailed Summary Page	X 11a 11b 13	11c 12 15 16 17
Ar	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso		
or	ny information copied from such Reports and Sta for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
$\sqrt{}$	NAME OF COMMITTEE (In Full)				
/	Americas Health Insurance Plans PAC (AHIP PAC	S)		
۹.	Full Name (Last, First, Middle Initial) Thomas Watjen			Date of Receipt	
	Mailing Address 1 Fountain Sq			04 / 16	2007
	City	State	Zip Code		96070704164240096
	Chattanooga	TN	37402-1307	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			2000.00
	Name of Employer UnumProvident	Occupation Presiden	n t and CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General		2000.00		
	Other (specify) ▼		2000.00		
3.	Full Name (Last, First, Middle Initial) Ronald Williams			Date of Receipt	
	Mailing Address 151 Farmington Ave	04 / 17	2007		
	City	State	Zip Code	Transaction ID: 20	97170704176272612
	Hartford	CT	06156-0001	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			2000.00
	Name of Employer Aetna Inc.	Occupation		7	
			n, CEO and President		
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		2000.00		
		0 0			
Э.	Full Name (Last, First, Middle Initial) Joseph Winn			Date of Receipt	
	Mailing Address 601 Pennsylvania Ave N South Bld Ste 500	IW		03 / 15	2007
	City	State	Zip Code	Transaction ID: 20	
	Washington	DC	20004-2601	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			41.67
	Name of Employer America's Health Insurance	Occupation			
	Plans		Director, State Advocacy	_	
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		500.04		
	Carlot (opooliy)				
s	UBTOTAL of Receipts This Page (optional)				4041.67
т.	OTAL This Period (last page this line number or	nlv)			
•	(,,			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		•	
A. 3.	Full Name (Last, First, Middle Initial) Joseph Winn Mailing Address 601 Pennsylvania Ave NV South Bld Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Winn Mailing Address 601 Pennsylvania Ave NV South Bld Ste 500 City	State DC C Occupation Regional Aggregate	Zip Code 20004-2601 n Director, State Advocacy e Year-to-Date ▼ 500.04	Date of Receipt M
	Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Plans Receipt For: Primary General Other (specify) ▼	DC C Occupation Regional	20004-2601	Amount of Each Receipt this Period 41.67
D.	Full Name (Last, First, Middle Initial) Joseph Winn Mailing Address 601 Pennsylvania Ave NV South Bld Ste 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Regional	Zip Code 20004-2601 n Director, State Advocacy Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20070427-a-53 Amount of Each Receipt this Period 41.67
s	UBTOTAL of Receipts This Page (optional)		······	125.01
т	OTAL This Period (last page this line number on	v)	.	

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 103 / 144
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		7,7	
$ \rangle$	Americas Health Insurance Plans PAC	AHIP PAC)	
\angle			,	
_	Full Name (Last, First, Middle Initial)			Data of Danadat
A.	Joseph Winn Mailing Address 601 Pennsylvania Ave N	1) A /		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bld Ste 500	100		05 15 2007
	City	State	Zip Code	Transaction ID: 20070518-51
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.67
	Name of Employer	Occupation	า	+
	Name of Employer America's Health Insurance Plans		Director, State Advocacy	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.04	1
	Other (specify) ▼		500.04	
В.	Full Name (Last, First, Middle Initial) Joseph Winn			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bld Ste 500			05 31 2007
	City	State	Zip Code	Transaction ID: 20070523-52
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.			
	Name of Employer America's Health Insurance	Occupation		
	Plans		Director, State Advocacy	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.04	
	cale. (epecily) \	0 0		1
_	Full Name (Last, First, Middle Initial)			
C.	Joseph Winn	13.47		Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bld Ste 500	100		06 15 2007
	City	State	Zip Code	Transaction ID: 20070611-55
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.			11.07
	Name of Employer America's Health Insurance	Occupation	1	7
	America's Health Insurance Plans	Regional	Director, State Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.04	1
	Other (specify)		000.07	
٩	UBTOTAL of Receipts This Page (optional)			125.01
\vdash				

SCHED	ULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	ER: PAGE 104/144
	ED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14	11c 12 15 16 17
Any informa	ation copied from such Reports and St nercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of s solicit contributions fr	oliciting contributions om such committee.
1	DF COMMITTEE (In Full) cas Health Insurance Plans PAC	(AHIP PAC	;)		
Mailing Dity City Washi FEC ID federal p	Address 601 Pennsylvania Ave South Bld Ste 500	State DC C		Transaction ID	2 9 2 0 0 7 2 2 0 0 7 2 20070628_56_13_38 Receipt this Period 41.67
<u>Plans</u> Receipt Pr			Director, State Advocacy e Year-to-Date ▼ 500.04		
B. Dale Wo	Address 6705 Rockledge Dr				D / Y Y Y Y
City	Ste 900	State	Zip Code		2 5 2 0 0 7 : 9839e8b3e60e497ae0a
Bethes	da	MD	20817-1814		Receipt this Period
	number of contributing political committee.	C			2000.00
Name of Coventr	f Employer y Health Care, Inc.	Occupation	n		
	For: imary General ther (specify) ▼		e Year-to-Date ▼ 2000.00		
Full Nar	ne (Last, First, Middle Initial)			Date of Receipt	
Mailing A		VW		M M / D	28 2007
City		State	Zip Code		: 20070226-b-56
	number of contributing political committee.	C	20004-2601	Amount of Each	n Receipt this Period 62.50
Plans Receipt Pr	f Employer t's Health Insurance For: imary General ther (specify) ♥		Legislative Affairs Year-to-Date 750.00		
SUBTOTA	AL of Receipts This Page (optional)	······	·····		2104.17
TOTAL T	his Period (last page this line number o	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 105 / 144
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			z otalica zaminaly i age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC	(AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	١W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070315-55
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation	ո Legislative Affairs	
	Plans Receipt For:		Year-to-Date V	
	Primary General	7 1991 09410	Tour to Bate V	1
	Other (specify) ▼		750.00	
				4
В.	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N	1W		M M / D D / Y Y Y Y
	South Bldg, Ste 500			03 30 2007
	City	State	Zip Code	Transaction ID: 20070322-56
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing	С		62.50
	federal political committee.	<u> </u>		
	Name of Employer America's Health Insurance	Occupation		
	Plans		Legislative Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		750.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	J.
<u> </u>	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
٥.	Mailing Address 601 Pennsylvania Ave N	JIM/		M M / D D / Y Y Y Y
	South Bldg, Ste 500	VVV		04 13 2007
	City	State	Zip Code	Transaction ID: 20070416-51
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing			62.50
	federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation		
	Plans		Legislative Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00]
	Other (specify)		700.00	1
_	LIDTOTAL of December Title Day (1911)			187.50
Ļ ^s	UBTOTAL of Receipts This Page (optional)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 144
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Americas Health Insurance Plans PAC (AHIP PAC	5)	
٩.	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg, Ste 500			04 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20070427-a-54
	Washington DC		20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Name of Employer America's Health Insurance Plans	Occupation Exec Dir	n Legislative Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
3.	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 15 / 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 20070518-52
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation	ո Legislative Affairs	
	Plans Receipt For:		Year-to-Date ∇	
	Primary General		750.00	
	Other (specify) ▼		730.00	
Э.	Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
	Mailing Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		05 31 7 2007
	City	State	Zip Code	Transaction ID: 20070523-53
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Name of Employer America's Health Insurance Plans	Occupation Exec Dir	n Legislative Affairs	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
sı	JBTOTAL of Receipts This Page (optional)			187.50
т	OTAL This Period (last page this line number on	ıly)		

ITEN	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 144 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any in	formation copied from such Reports and Sta commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nericas Health Insurance Plans PAC (AHIP PAC	;)	
4. <u>Du</u>	I Name (Last, First, Middle Initial) ane Wright iling Address 601 Pennsylvania Ave N South Bldg, Ste 500	W		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	у	State	Zip Code	Transaction ID: 20070611-56
	ashington	DC	20004-2601	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		62.50
<u>Pla</u>	me of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify)		n Legislative Affairs e Year-to-Date ▼ 750.00	
3. Dua	I Name (Last, First, Middle Initial) ane Wright iling Address 601 Pennsylvania Ave N	١٨/		Date of Receipt
City	South Bldg, Ste 500	M M O 6 2 9 2 0 0 7 Transaction ID: 20070628_57_13_38		
	ashington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		62.50
Am <u>Pla</u>	me of Employer nerica's Health Insurance ans ceipt For:		n Legislative Affairs e Year-to-Date V	
nec	Primary General Other (specify) ▼	Aggregate	750.00	
C. <u>Du</u>	l Name (Last, First, Middle Initial) da Zeke			Date of Receipt
Ma	iling Address 23 Old Westfall Drive			04 18 2007
City	y ochester	State NY	Zip Code 14625	Transaction ID: 6046260704184248124
FE	C ID number of contributing leral political committee.	C	14023	Amount of Each Receipt this Period 1666.66
Nai Exc	me of Employer cellus Health Plan	Occupation Senior Ex	n xecutive VP and CFO	
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1666.66	
SUBT	FOTAL of Receipts This Page (optional)			1791.66
	N. This Decise (feet assess this Peet	1.)		90458.21

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 144 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	ments may ne and add	y not be sold or used by any persodress of any political committee to	
\rangle	Americas Health Insurance Plans PAC (Al	HIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) A. Aegon Usa Inc. Political Action Committee Mailing Address 1111 North Charles Street			Date of Receipt
	City	State	Zip Code	0 5 1 0 2 0 0 7 Transaction ID: 93911-87363833189011
	Baltimore	MD	21201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0236414	2500.00
	Name of Employer	Occupation	n	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) Aetna Inc. Political Action Committee			Date of Receipt
	Mailing Address 151 Farmington Avenue Rw4A	04 / 17 / 2007		
	City	State	Zip Code	Transaction ID: 87304-39049929380417
	Hartford	CT	06156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0181826	5000.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
С.	Full Name (Last, First, Middle Initial) American Enterprise Mutual Holding Company Pac			Date of Receipt
	Mailing Address 601 6th Avenue			04 18 2007
	City Des Moines	State IA	Zip Code 50334	Transaction ID: 1714700704183667628 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0367524	5000.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
s	UBTOTAL of Receipts This Page (optional)			12500.00
т	OTAL This Period (last page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 144 (check only one) 11a 11b X 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	3)	
A .	Full Name (Last, First, Middle Initial) American Fidelity Corporation Pac Mailing Address 2000 Classen Boulevard City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State OK C C00 Occupation	Zip Code 73106 0210526 n e Year-to-Date ▼	Date of Receipt M
3.	Full Name (Last, First, Middle Initial) Assurant Inc. Political Action Committee Mailing Address 501 West Michigan Stre PO Box 3050 City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State WI C C00	Zip Code 53203 0185694 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Blue Shield of California Political Action Committee Mailing Address 50 Beale Street 18-105 City San Francisco FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State CA C COC	Zip Code 94105 0340364 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			12500.00
т	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 144 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	
\setminus	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC		
A .	Full Name (Last, First, Middle Initial) Great-West Life & Annuity Insurance Company Pol Mailing Address 8515 East Orchard Road 7T2 City Greenwood Village FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State CO C COO Occupation	Zip Code 80111 0263723	Date of Receipt M M M / 21 / 2007 Transaction ID: 3433630703215868258 Amount of Each Receipt this Period 5000.00
В.	Full Name (Last, First, Middle Initial) Health Alliance Plan Pac Mailing Address 2850 West Grand Boule City	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y		
	Detroit FEC ID number of contributing federal political committee. Name of Employer	State MI C C00 Occupation	Zip Code 48202 0410670	Amount of Each Receipt this Period 5000.00
	Receipt For: Primary General Other (specify)	<u> </u>	e Year-to-Date ▼ 5000.00	
C.	Full Name (Last, First, Middle Initial) Health Net Incorporated Political Action Committee Mailing Address 455 Capitol Mall Suite 8	01		Date of Receipt M M
	City Sacramento FEC ID number of contributing federal political committee.	State CA	Zip Code 95814 0230789	Transaction ID: 77219-51934450864792 Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
s	UBTOTAL of Receipts This Page (optional)			15000.00
	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 144 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Humana Inc. Political Action Committee Mailing Address 1776 Eye Street Northw Suite 890 City Washington FEC ID number of contributing federal political committee. Name of Employer	State DC	Zip Code 20006 0271007	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Mutual of Omaha Companies Pac (IMPAC) Mailing Address Mutual of Omaha Plaza City Omaha FEC ID number of contributing federal political committee.	State NE	Zip Code 68175 0094581	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) New York Life Insurance Company Political Action Mailing Address 51 Madison Avenue Room 1109 City New York FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C Coo	Zip Code 10010 0158881 n e Year-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional))	15000.00
TOTAL This Period (last page this line number of	nlv)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 144 (check only one) 11a 11b X 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Principal Life Insurance Company Political Action C Mailing Address 711 High Street Government Relations City Des Moines FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State IA C Coo	e Year-to-Date ▼	Date of Receipt M
3.	Full Name (Last, First, Middle Initial) Sierra Health Services Political Action Committee Mailing Address PO Box 15645		5000.00	Date of Receipt
	City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 89114 0295360 n e Year-to-Date ▼	0 3 2 1 2 0 0 7 Transaction ID: 1480300703215838175 Amount of Each Receipt this Period 5000.00
C .	Full Name (Last, First, Middle Initial) Trustmark Insurance Company Political Action Con Mailing Address 400 Field Drive City Lake Forrest FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State IL C Coo	Zip Code 60045 0156166	Date of Receipt M M / 25 / 2007 Transaction ID: 6402200704254462362 Amount of Each Receipt this Period 5000.00
SI	JBTOTAL of Receipts This Page (optional)			15000.00
т	OTAL This Period (last page this line number or	nlv)	>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule or each category of the Detailed Summary Pag	ge 11a 11b X 11c 12
Any information copied from such Reports and St	atements may not be sold or used by an	13 14 15 16 17 y person for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	· ·	nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Unitedhealth Group Incorporated Pac (UNITED Formal Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code MN 55343 C C00274431 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Unum Group Political Action Committee (UNUMP Mailing Address 2211 Congress Street City Portland FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code ME 04122 C C00177436 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wellpoint Inc. Wellpac Mailing Address 120 Monument Circle City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code IN 46204 C C00197228 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		14000.00
TOTAL This Period (last page this line number of	only)	84000.00

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		FOR LINE NUMBER: PAGE 114/144									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- 1-	(check onl X 21b 27	y one) 22 23 28a 28			25 29	26 30b				
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam								•				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al		COMM	intoe to se	mon contributions	TOTT SUC	T COMMIN						
	Full Name (Last, First, Middle Initial)				Transaction	ID: 4775/	1607033	20472					
۹.	Bank of America				Date of Disbu	rsement			.0000				
	Mailing Address 730 15th Street, NW Second Floor				02 /	16	20) Ŏ Ţ Ť					
	City Washington	State Zip Code DC 20005			Amount of Ea	ch Disbur	-		-				
	Purpose of Disbursement Wire Transfer Fee		0	001				10.00					
	Candidate Name			egory/ ype									
	Senate President	ement For: Primary General Other (specify)											
	State: District:												
3.	Full Name (Last, First, Middle Initial) Bank of America				Transaction Date of Disbu	ırsement			28787				
	Mailing Address 730 15th Street, NW Second Floor				02 /	^D 2 7 /	y žo) 0 7 [°]					
	City Washington	State Zip Code DC 20005			Amount of Ea	ch Disbur	sement t	his Pe	riod				
	Purpose of Disbursement Wire Transfer Fee		001				10.00						
	Candidate Name			egory/ ype									
	Senate President	ement For: Primary General Other (specify) ▼											
	State: District:												
Э.	Full Name (Last, First, Middle Initial) Bank of America				Transaction Date of Disbu	ırsement							
	Mailing Address 730 15th Street, NW Second Floor				03 /	14	y žo	ŏ7 [°]					
		State Zip Code DC 20005			Amount of Ea	ch Disbur	sement t	his Pe	riod				
	Purpose of Disbursement Wire Transfer Fee		0	001				10.00					
	Candidate Name			egory/ ype									
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)											
s	UBTOTAL of Disbursements This Page (optional)			•				30.00					
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1	OTAL This Period (last page this line number only)												

TEMPER RICHIROSMENTO		Use seperate schedule(s)		(check or		only one)						
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 -	21b	$\prod_{i=1}^{n}$	22	23	\Box	24	25	П	26 30b
An	y Information copied from such Reports and State	 ements may not be sold or use	ed by a	27 nv persor	n for t	28a he puri	28b pose of		28c ina cont	29	∐ s	30b
	for commercial purposes, other than using the na										_	
<u> </u>	NAME OF COMMITTEE (In Full)											
/	Americas Health Insurance Plans PAC (AHIP PAC)										
	Full Name (Last, First, Middle Initial)					Transa	ction I	D : 030	11-563	388491	392	136
۹.	Bank of America					Date of	Disbu			V V V	V	
	Mailing Address 730 15th Street, NW Second Floor		0,3		3 0	′	ž 0 ŏ 7					
	City Washington	State Zip Code DC 20005				Amoun	t of Ea	ch Disb	ourseme	nt this F	Perio	b
	Purpose of Disbursement									10.0	00	
	Wire Transfer Fee] q	001								
	Candidate Name			egory/ ype								
		sement For:	•									
	Senate President	Primary General Other (specify) ▼										
	State: District:	Other (appears)										
	Full Name (Last, First, Middle Initial)					Transa	ction I	D : 030	11-765	552981	138	230
3.	Bank of America						f Disbu	rsemen	ıt			200
	Mailing Address 730 15th Street, NW Second Floor					0 4		17		ž 0 ŏ 7		
	City Washington	State Zip Code DC 20005				Amoun	it of Ead	ch Disb	ourseme	nt this F	Perio	t
	Purpose of Disbursement Wire Transfer Fee 001									10.0	00	
	Candidate Name			egory/ ype								
	Senate President	rsement For: Primary General Other (specify) ▼	•									
	State: District:											
Э.	Full Name (Last, First, Middle Initial) Bank of America						ction I f Disbu)11-404 it	175100	278	854
	Mailing Address 730 15th Street, NW Second Floor					0 4	/ [3 0	/ Y	ž 0 ŏ 7	, ^Y	
	City Washington	State Zip Code DC 20005				Amoun	t of Ea	ch Disb	ourseme	nt this F	Perio	t
	Purpose of Disbursement Wire Transfer Fee			201						10.0	00	
	Candidate Name		Cat	iegory/ ype								
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)	•									
	orac. District.					·		•		00.5		$\overline{}$
S	UBTOTAL of Disbursements This Page (optional	l)		<u> • • • • • • • • • • • • • • • • • • </u>						30.0)U	
Т	OTAL This Period (last page this line number on	lv)		. •								

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE		PAGE 116 / 144						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 2 28a 28b	24 25 26 28c 29 30b						
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam										
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al										
۹.	Full Name (Last, First, Middle Initial) Bank of America			Date of Disbursemen	876-62406557798386 nt						
	Mailing Address 730 15th Street, NW Second Floor			05 15 7 2007							
	City Washington	State Zip Code DC 20005		Amount of Each Dis	bursement this Period						
	Purpose of Disbursement Wire Transfer Fee Candidate Name		001 Category/		10.00						
	Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)	Туре								
3.	Full Name (Last, First, Middle Initial) Bank of America			Date of Disbursemen							
	Mailing Address 730 15th Street, NW Second Floor			0 5 3 1	2007						
	City Washington	State Zip Code DC 20005		Amount of Each Dis	bursement this Period 10.00						
	Purpose of Disbursement Wire Transfer Fee Candidate Name		001 Category/ Type		10.00						
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)									
Э.	Full Name (Last, First, Middle Initial) Bank of America			Date of Disbursemen							
	Mailing Address 730 15th Street, NW Second Floor			06 / 25	^y ² 007						
	City Washington	State Zip Code DC 20005		Amount of Each Dis	bursement this Period						
	Purpose of Disbursement Wire Transfer Fee		001		10.00						
	Candidate Name		Category/ Type								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)									
s	UBTOTAL of Disbursements This Page (optional)		<u>Þ</u>		30.00						
T	OTAL This Period (last page this line number only)										

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I			PAGE 1	17 / 144			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b		25 20 30			
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC)								
Full Name (Last, First, Middle Initial) A. Bank of America				on ID: 854	146-78329 nt	1041851			
Mailing Address 730 15th Street, NW Second Floor		06	[/] 29	Y 20	^Y 7 ^Y				
City Washington	State Zip Code DC 20005		Amount o	f Each Disk	oursement th				
Purpose of Disbursement Wire Transfer Fee		001				10.00			
Candidate Name Office Sought: House Disbur	sement For:	Category/ Type							
Senate President	Primary General Other (specify)								
State: District: Full Name (Last, First, Middle Initial) Gitibank				on ID: 030)11-20811 nt	0988140			
Mailing Address 1101 Pennsylvania Ave	e, NW		0 ^M 4	¹ 1 0	Y Ž0	0 7 Y			
City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period						
Purpose of Disbursement Merchant Service Fee Candidate Name	C	001 Category/ Type				31.66			
Office Sought: House Senate President State: Disbur	sement For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial) - Citibank				ion ID: 242	290-85055 nt	1784038			
Mailing Address 1101 Pennsylvania Ave	e, NW		0 5 M	0 4	['] ² 0	0 7 Y			
City Washington	State Zip Code DC 20004		Amount o	f Each Disk	oursement th				
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or	for commercial purposes, other than usin	ng the name and address	or any political	committee to so	olicit contributions from	such committee	!
$ \setminus $	NAME OF COMMITTEE (In Full)						
1/	Americas Health Insurance Plans	PAC (AHIP PAC)					
<u></u>	Full Name / Last First Middle Initial)			I			
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: 24		6685104
Λ.	Citibank				Date of Disburseme		
	Mailing Address 1101 Pennsylva 11th Floor	ınia Ave, NW			05 10	y žoŏ	7
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_	Full Name (Last, First, Middle Initial)				Transaction ID: 85	5446-4886590	8384323
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	Mailing Address 4404 D	· A NA/			06 12	/ Y Y Y O O	7 Y
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abla	NAME OF COMMITTEE (In Full)															
	Americas Health Insurance Plans PAC (AF	IIP PAC)														
Α.	Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress							Trans Date					-938	83913	375	541
	Mailing Address PO Box 2232							0 ^M 6	М	/ [27	′ [Y 2	2 o ŏ 7	7 ^Y	
		State PA	Zip Code 19046					Amou	ınt o	f Ead	ch Di	sburs	emer	nt this I	Perio	nd
	Purpose of Disbursement 2008 Primary			Γ	0	11	1							1000.	00	
	Candidate Name Allyson Schwartz			С	ate	egory/										
	9 11	ment For: Primary Other (spe	2008 General													
	State: PA District: 13															
В.	Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America							Date	of D	isbu	rsem	ent		17959		557
	Mailing Address 499 S. Capitol St. SW #4	14						0 ^M 5	М	/ [29]	Ý	0 ŏ 7	7 ^Y	
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С.	Full Name (Last, First, Middle Initial) Becerra for Congress		•					Trans Date					-034	3591	5708	354
	Mailing Address PO Box 261060							0 ^M 6	М	/ [27	′ [YZ	2 o ŏ 7	7 ^Y	
		State CA	Zip Code 90026					Amou	ınt o	f Ead	ch Di	sburs	emer	nt this I	Perio	nd
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	Candidate Name Xavier Becerra			С		egory/ pe										
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Americas Health Insurance Plans PAC (Al	HIP PAC)										
Full Name (Last, First, Middle Initial)							58737	7070	32153	3835	557
A. Blue Dog Political Action Committee						sburse		Y Y	Y	Υ	
Mailing Address 6849 Old Dominion Drive Suite 222)			0 3		2	D /	2	0 ŏ 7		
City McLean	State Zip Code VA 22101			Amo	unt o	Each	Disburs	emen	t this P	erio	Ł
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Full Name (Last, First, Middle Initial) Boyd for Congress						on ID: sburse	31129 ement	-083	91970	396	04
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Mailing Address PO Box 15703				0.0					007		
City Tallahassee	State Zip Code FL 32317			Amo	unt o	Each	Disburs	emen	t this P	erio	t
Purpose of Disbursement	02317							1	000.0	0	
2008 Primary Candidate Name		01									
F. Boyd		Cate Typ									
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State: FL District: 02	, canc. (cpcc), •										
Full Name (Last, First, Middle Initial) Build America Pac				_		-	49649	-595	34853	696	82
Build Affielica Fac				M	М	sburse		Y Y	Y	Υ	
Mailing Address 153-01 Jamaica Avenue Suite 535				0.5			9 /		0 ŏ 7		
City Jamaica	State Zip Code NY 11432			Amo	unt o	Each	Disburs	emen	t this P	erio	t t
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Americas Health Insu	, ,	HIP PAC)											
Full Name (Last, First, N	•					Т	ransact	ion ID:	72241	 2070	22353	587	59
Chambliss for Senate	Э						Date of D			V V	V	V	
Mailing Address Pos	st Office Box 12469						0 2 M	້ 2	3 /	2	0 ŏ 7		
City Atlanta		State GA	Zip Code 30355			A	mount o	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursemer	t .	GA	30333			+ [5	0.000	0	7
2008 General)11								
Candidate Name Saxby Chambliss					egory/ ype								
		sement For: Primary	2008										
7.	enate resident	Other (spe	X General cify) ▼										
State: GA Distri	ct:												
Full Name (Last, First, M							ransact			-604	19863	4624	14
3. Charles A. Gonzalez	Congressional Cam	paign					Date of D			Y Y	Y	Υ	
Mailing Address PO	Box 12612						0 6	2	8 /	2	0 ŏ 7		
City San Antonio		State TX	Zip Code 78212			Δ	\mount o	of Each	Disburs	emen	t this P	eriod	_
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Charles Gonzalez					ype								
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	ct: 20		√										
Full Name (Last, First, M	,						ransact	-		-1663	33242	3686	
Clay Jr. for Congress	•						Date of D			YY	Y	Υ	
Sui	Box 4544 te 300						0 5		9 /	1	0 ŏ 7		
City St. Louis		State MO	Zip Code 63108			Α	Amount o	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursemer 2008 Primary	t)11	L				1	000.0	0	
Candidate Name William Clay					egory/ ype								
Office Sought: X H		sement For:	2008										
	enate resident	Other (spe	General										
State: MO Distri		outer (spe	iy) ▼										
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE N (check only		PAGE 122 / 144
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NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC (A	AHIP PAC)			
Full Name (Last, First, Middle Initial) Coleman for Senate 08			Transaction ID: 7 Date of Disbursem	7203-6785852313041 ent
Mailing Address 7300 Hudson Boulevard	d Suite 270A		06 28	2007
City St. Paul	State Zip Code MN 55128		Amount of Each D	isbursement this Period
Purpose of Disbursement 2008 Primary		011		2000.00
Candidate Name Norm Coleman		Category/ Type		
X Senate President	sement For: 2008 X Primary General Other (specify)			
State: MN District: Full Name (Last, First, Middle Initial)				
3. Collins for Senator			Transaction ID: 2	
Mailing Address PO Box 1096			0 3 2 1	2007
City Bangor	State Zip Code ME 04402		Amount of Each D	isbursement this Period
Purpose of Disbursement 2008 Primary Candidate Name		011 Category/		2000.00
Susan Collins		Type		
	sement For: 2008 X Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: 7	671950703264448720
Committee for the Preservation of Capita	lism (CPC), the		Date of Disbursem	ent
Mailing Address PO Box 65314			03 26	2007
City Washington	State Zip Code DC 20036		Amount of Each D	isbursement this Period 5000.00
Purpose of Disbursement 2007 Contribution Candidate Name		011		3000.00
	sement For: 2007	Category/ Type		
Senate President	Primary General X Other (specify) ▼			
State: District: 2007	Contribution			
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NAME OF COMMITTEE (In Full)	and address of any political CO		io sul	OIL COITE	ioutiOl (S	, 110111 5	acii cuii	ee		
Americas Health Insurance Plans PAC (AH	IP PAC)									
Full Name (Last, First, Middle Initial)				Trans	action	ID : 854	146-081	115786	314	010
Committee To Elect McHugh						ırsemer		V * V *	V	
Mailing Address 228 S. Washington St. St Suite 115	e. 115			0 ^M 6	М /	^D 3 0	/ L .:	ž 0 ŏ 7	· *	
	State Zip Code VA 22314			Amou	nt of Ea	ach Disk	ourseme	nt this F	Period	Ł
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Uncashed 9/7/05 Contribution		011				-	-			
Candidate Name John McHugh		Categor Type	//							
President	ment For: 2006 Primary General Other (specify)									
State: NY District: 23										
Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Cor	aress, the					ID: 496 ursemer	649-513	350039	243	69
				М	M /	D 2 9		ž 0 0 7	Y	
Mailing Address PO Box 1845				0 5						
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2008 Primary		011								
Candidate Name Artur Davis		Categor Type	"							
President	ment For: 2008 Primary General Other (specify)									
State: AL District: 07										
Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Cor	gress, the			Date o	of Disbu	ursemer	129-097 nt	740847	'349	16
Mailing Address PO Box 1845				0 ^M 6	M /	^D 2 7	/ Y	ž 0 ŏ 7	·Y	
,	State Zip Code AL 35201			Amou	nt of Ea	ach Disk	ourseme	nt this F	erioc	t
Purpose of Disbursement 2008 Primary	I	011	\exists					1000.0	00	
Candidate Name Artur Davis		Categor Type	//							
Office Sought: X House Senate President State: AL District: 07	nent For: 2008 Primary General Other (specify)	- · ·								
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NAME OF COMMITTEE (In Full)	240 (41112 240)								
/ Americas Health Insurance Plans I	PAC (AHIP PAC)								
Full Name (Last, First, Middle Initial)			Transa	ction ID:	31129-	44395	5083	1890	1
Congressman Waxman Campaign	Committee		Date of	f Disburse		v • v	V -	V	
Mailing Address 6380 Wilshire Bo	ulevard #1612		0 6	2	27	20) Ď 7		
City	State Zip Code		Amour	nt of Each	Disburse	ement t	his Pe	eriod	_
Los Angeles Purpose of Disbursement	CA 90048	1				10	0.00	0	1
2008 Primary		011		-					4
Candidate Name Henry Waxman		Category/ Type							
Office Sought: X House	Disbursement For: 2008								
Senate President	X Primary General Other (specify) ▼	al							
State: CA District: 30	Other (specify)								
Full Name (Last, First, Middle Initial)			Transa	ection ID:	: 254464		2353	6165	— :a
3. Crowley for Congress			Date of	f Disburse	ement				13
Mailing Address 84-56 Grand Ave	nue		0 ^M 2 M	2	23 /	20) Ď 7		
City Elmhurst	State Zip Code NY 11373		Amour	nt of Each	Disburse	ement t	his Pe	eriod	_
Purpose of Disbursement 2008 Primary		011				10	0.00	0	_
Candidate Name Joseph Crowley		Category/ Type							
Office Sought: X House Senate President	Disbursement For: 2008 X Primary General Other (specify)	al							
State: NY District: 07									
Full Name (Last, First, Middle Initial) Dave Camp for Congress 2008			Date of	f Disburse					.3
Mailing Address 5915 Eastman A	venue Suite 100		0,3	2	21	ž) Ď 7	Y	
City Midland	State Zip Code MI 48640		Amour	nt of Each	Disburse	-			1
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Candidate Name Dave Camp		Category/ Type							
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Americas Health Insurance Plans PAC (AF	IIP PAC)									
Full Name (Last, First, Middle Initial)) : 49649	9-4482	26906	919	<u></u>
• David Scott for Congress					f Disburs		V V	V	V	
Mailing Address PO Box 960821				0 ^M 5 N		29	2	0 0 7		
,	State Zip Code GA 30296			Amour	nt of Eac	h Disbur	semen	t this P	erioc	t
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2008 Primary		011								
Candidate Name David Scott		Catego Type	-							
X	ment For: 2008 Primary General									
President	Other (specify)									
State: GA District: 13										
Full Name (Last, First, Middle Initial)) : 77584	15070	32644	450)73
Earl Pomeroy for Congress				Date o	f Disburs		Y Y	ν.	Υ	
Mailing Address PO Box 9336				0 3		26	2	0 ŏ 7		
,	State Zip Code ND 58106			Amour	nt of Eac	h Disbur	semen	t this P	erioc	t
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2008 Primary		011								
Candidate Name Earl Pomeroy		Catego Type	-							
	ment For: 2008 Primary General									
Senate X President	Primary General Other (specify) ▼									
State: ND District: 01	V 1 2/ V									
Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress					action IC f Disburs): 31129 sement	9-927	66970	396	04
Mailing Address PO Box 9336				06	/ D	27	y ž	0 ŏ 7	Υ	
,	State Zip Code ND 58106			Amour	nt of Eac	h Disbur	semen	t this P	erioc	t
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-	ment For: 2008 Primary General Other (specify)									
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Americas Health Insurance Plans PAC (AF	IP PAC)									
Full Name (Last, First, Middle Initial)						D : 85446	6-003	78054	380	416
Evan Bayh Committee					of Disbur		V .	,	V	
Mailing Address 850 Fort Wayne Avenue				0 ^M 6		3 0 /	2	0 0 7		
,	State Zip Code			Amou	nt of Eac	h Disbur	semer	t this P	erioc	t
Indianapolis Purpose of Disbursement	IN 46204							1000.0	00	
Uncashed 10/16/06 Contribution		011								
Candidate Name Evan Bayh	-	Catego Type	γ/							
	ment For: 2010									
X Senate X President	Primary General Other (specify) ▼									
State: IN District:	Cario (opcony) V									
Full Name (Last, First, Middle Initial)				Trans	action II	D : 42560	05070	22353	3529	973
Freedom & Democracy Fund					of Disbur					
Mailing Address 610 South Boulevard				0 ^M 2	M / D	23	2	0 ŏ 7	Y	
,	State Zip Code FL 33606			Amou	nt of Eac	h Disbur	semer	t this P	erioc	k
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2007 Contribution		011								
Candidate Name	(Catego Type	ry/							
Office Sought: House Disburse										
Senate President X	Primary General Other (specify) ▼									
	ontribution									
Full Name (Last, First, Middle Initial)				Trans	action II	D: 4268	78070	32153	3873	357
Freedom Project; the					of Disbur			, , , ,	14	
Mailing Address 424 C Street Northeast Basement Unit				0,3	M / D	21	, 2	0 0 7	<u> </u>	
	State Zip Code DC 20002			Amou	nt of Eac	h Disbur	semer	t this P	erioc	t
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\vdash	NAME OF COMMITTEE (In Full)															
\rangle	Americas Health Insurance Plans PA	C (AHIP PAC)														
Α.	Full Name (Last, First, Middle Initial) Friends for Harry Reid): 49 seme		-641	5674	090	385
	Mailing Address PO Box 19163						O ^M s	5 ^M	_ ′	D	2 9]	Y	ž 0 Ŏ	7 ^Y	
	City Las Vegas	State NV	Zip Code 89132				Amo	oun	t of	Eac	h Di	sburs	semei	nt this	Perio	od
	Purpose of Disbursement 2008 Primary			Г	01	1								2500.	00	
	Candidate Name Harry Reid				ate Typ	gory/ pe										
	Office Sought: House Display X Senate President	sbursement For: X Primary Other (spe	2008 General													
	State: NV District:															
В.	Full Name (Last, First, Middle Initial) Friends of Gordon Smith						Date	e of	Dis	bur	seme			0627		666
	Mailing Address 228 S Washington	Suite 115					O	6 ^M		D	28]	` 2	ŽOŎ	7 1	
	City Alexandria	State VA	Zip Code 22314				Amo	oun	t of	Eac	h Di	sburs		nt this		od
	Purpose of Disbursement 2008 Primary				01	1			0		•	-		2000.	ΟU	
	Candidate Name Gordon Smith				ate Typ	gory/ be										
	X Senate President	sbursement For: X Primary Other (spe	2008 General													
	State: OR District: Full Name (Last, First, Middle Initial)						Trai	nea	ctic	n II)· 77	7203	-031	6125	750	5/1
C.	Friends of Jim Clyburn						Date	e of	Dis	bur	seme	ent				041
	Mailing Address PO Box 12567						OM				28] [` 2	ŽOŎ	7 '	
	City Columbia	State SC	Zip Code 29211				Amo	oun	t of	Eac	h Di	sburs	seme	nt this	Perio	od
	Purpose of Disbursement 2008 Primary				01	1								3000.	00	
	Candidate Name James Clyburn				ate Typ	gory/ oe										
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	EMIZED DISBURSEMENTS		category of the Summary Page	21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam									
\	NAME OF COMMITTEE (In Full)									
/	Americas Health Insurance Plans PAC (Al	HIP PAC)								
۹.	Full Name (Last, First, Middle Initial) Friends of John Tanner				Date of	ction ID: (Disburser	ment			_
	Mailing Address Post Office Box 1994				06	/ D2	7 [Ž 0	ŏ7	
	City Union City	State TN	Zip Code 38281		Amoun	t of Each [Disburse			-
	Purpose of Disbursement 2008 Primary			011				10	00.00)
	Candidate Name John Tanner			tegory/ Type	_					
	Senate X President	ement For: Primary Other (spe	2008 General ccify) ▼							
	State: TN District: 08 Full Name (Last, First, Middle Initial)				_		40040	7.4070		
3.	Friends of Mary Landrieu Inc					ction ID: 4 Disburser	ment			6/91
	Mailing Address 607 14th Street NW Suit Suite 1434	e 800			0 5	2.	9	20	ŏ7`	
	City Washington	State DC	Zip Code 20005		Amoun	t of Each [Disburse			
	Purpose of Disbursement 2008 Primary Candidate Name			011				20	00.00	,
	Mary Landrieu			tegory/ - ype						
	X Senate X President	ement For: Primary Other (spe	2008 General							
	State: LA District: Full Name (Last, First, Middle Initial)				T	-4' ID .	704050	0700	2050	5074
Э.	Friends of Max Baucus				Date of	ction ID: 7	ment			
	Mailing Address PO Box 586				0 2	[/] 2:	3	2 0	ŏ7	
	City Helena	State MT	Zip Code 59624		Amoun	t of Each [Disburse			-
	Purpose of Disbursement 2008 General			011				40	00.00	J
	Candidate Name Max Baucus		0000	tegory/ - ype						
	Office Sought: House Disburse X Senate President	ement For: Primary Other (spe	2008 X General ecify) ▼							
	State: MT District:	•								
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	CHEDULE B (FEC Form 3X)		rate schedule(s)	FOR LIN	E NUMBER	:	PAGE	129 /	144
IT	EMIZED DISBURSEMENTS		category of the Summary Page	21b 27	<u> </u>	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the nam								
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Ah	HIP PAC)							
۸.	Full Name (Last, First, Middle Initial) Friends of Mike Ferguson					ction ID: 838		032153	86351
	Mailing Address C/O Ron Gravino PO Bo	x 225			03 M	[/] 21	/ Y	ž 0 ŏ 7	Y
	City Colonia	State NJ	Zip Code 07067		Amount	t of Each Dis			-
	Purpose of Disbursement 2008 Primary			011				1000.0	0
	Candidate Name Mike Ferguson			Category/ Type					
	Senate X President	ement For: Primary Other (spe	2008 General cify)						
3.	State: NJ District: 07 Full Name (Last, First, Middle Initial) Friends of Sam Johnson					ction ID: 496)14590	02494
	Mailing Address 1611 Avenue K				0 5 M			ž 0 ŏ 7	Y
	City Plano	State TX	Zip Code 75074		Amount	t of Each Dis	burseme	nt this P	eriod
	Purpose of Disbursement 2008 Primary			011	<u> </u>			1000.0	0
	Candidate Name Sam Johnson			Category/ Type					
		ement For: Primary Other (spe	2008 General cify) ▼						
).	Full Name (Last, First, Middle Initial) Heather Wilson for Congress					ction ID: 780		45327	32963
	Mailing Address PO Box 14070				0 6 M	28	/ Y	ž 0 ŏ 7	Y
	City Albuquerque	State NM	Zip Code 87191		Amount	t of Each Dis	burseme	nt this P	eriod
	Purpose of Disbursement 2008 Primary			011				1000.0	0
	Candidate Name Heather Wilson			Category/ Type					
	Senate X President	ement For: Primary Other (spe	2008 General cify)						
	State: NM District: 01					•			
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE		PAGE 130 / 144
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al-	HIP PAC)			
۹.	Full Name (Last, First, Middle Initial) Heller for Congress			Transaction ID: 49 Date of Disburseme	
	Mailing Address 7840 Red Leaf Drive			05 29	['] 2007
	City Las Vegas	State Zip Code NV 89131		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement 2008 Primary		011		1500.00
	Candidate Name Dean Heller		Category/ Type		
	Office Sought: X House Senate President State: NV District: 02	Primary General Other (specify)			
3.	Full Name (Last, First, Middle Initial) Hulshof for Congress			Transaction ID: 49 Date of Disburseme	649-2172967791557 ent
	Mailing Address PO Box 1621			05 7 29	['] 2007
	City Columbia	State Zip Code MO 65205		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement 2008 Primary		011		1000.00
	Candidate Name Kenny Hulshof		Category/ Type		
	Senate X President	ment For: 2008 Primary General Other (specify)			
	State: MO District: 09 Full Name (Last, First, Middle Initial)			Transaction ID: 31	129-5867425799369
Э.	Jim Ramstad Volunteer Committee			Date of Disburseme	ent
	Mailing Address 1809 Plymouth Road So	uth #310		06	Y ŽOÕ7
	City Minnetonka	State Zip Code MN 55305		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement 2008 Primary		011		1000.00
	Candidate Name Jim Ramstad		Category/ Type		
	9 2	ement For: 2008 Primary General Other (specify)			
S	UBTOTAL of Disbursements This Page (optional)		>		3500.00
T	OTAL This Period (last page this line number only)		.		

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NAME OF COMMITTEE (In Full)	and address or any pointed of	OHIIII	illee lo s	SOIICIL	JOHRHOU	110115 110	JIII SUCII	COITII	iiillee		
Americas Health Insurance Plans PAC (AH	IP PAC)										
Full Name (Last, First, Middle Initial)						-	78435	6070	32153	883	88
John D. Dingell for Congress Committee						Disburse		Y Y	Y	Υ	
Mailing Address 607 14th Street Northwes Suite 800	İ				0 3 M	2	D /	2	0 ŏ 7		
	tate Zip Code DC 20005			Α	mount	of Each	Disburs	emen	t this P	erioc	i
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2008 Primary Candidate Name			11 gory/								
John Dingell			pe								
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General										
President Districts 4.5	Other (specify)										
State: MI District: 15 Full Name (Last, First, Middle Initial)				+_			F 4 4 4 7	0070	00044	400	
John D. Dingell for Congress Committee						t ion ID: Disburse	54147 ement	8070	32644	438	334
Mailing Address 607 14th Street Northwes Suite 800	i			[0 3 M	[/] 2	^D /	Ý Ž	0 ŏ 7	Υ	
City	tate Zip Code DC 20005			Δ	mount	of Each	Disburs	emen	t this P	erioc	t
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2008 Primary Candidate Name		- 1	11 gory/								
John Dingell			pe								
President	nent For: 2008 Primary General Other (specify)										
State: MI District: 15 Full Name (Last, First, Middle Initial)				_							
John Kerry for Senate						Disburse					66
Mailing Address 10 G Street Northeast Suite 710					0 6	້ 2	^D /	2	0 0 7		
,	tate Zip Code DC 20002			Α	mount	of Each	Disburs	emen	t this P	erioc	i
Purpose of Disbursement 2008 Primary		0	11	 		-		2	2000.0	0	
Candidate Name John Kerry	,	Cate	gory/ pe								
Office Sought: House X Senate President State: MA District:	nent For: 2008 Primary General Other (specify)		<u>r</u>								
Otato. IVIA DISTITOT.				Г						_	_
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE N			PAGE 132	/ 144
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X	23 2 28b 2	4 25 8c 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na						ns
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans PAC (A	HIP PAC)					
Full Name (Last, First, Middle Initial) A. Mark Pryor for Us Senate			Transaction Date of Dis		840702235	362824
Mailing Address PO Box 2720			02 4	^D 2 3 /	Ý ŽOЎ	7 ^Y
City Little Rock	State Zip Code AR 72203		Amount of	Each Disbu	rsement this	
Purpose of Disbursement 2008 Primary		011			2500.	00
Candidate Name Mark Pryor		Category/ Type				
χ Senate President	sement For: 2008 K Primary General Other (specify)					
State: AR District:						
Full Name (Last, First, Middle Initial) 3. McConnell Senate Committee '08			Date of Dis	bursement	060702235	
Mailing Address PO Box 1496			02	23	žoŏ	7
City Louisville	State Zip Code KY 40201		Amount of	Each Disbu	rsement this	
Purpose of Disbursement 2008 Primary Candidate Name		011 Category/			5000.	00
Mitch McConnell		Type				
	sement For: 2008 K Primary General Other (specify)					
Full Name (Last, First, Middle Initial) Melissa Bean for Congress			Transactio Date of Dis		6-2539026	1411667
Mailing Address Post Office Box 3068			0 6 M	^D 30 /	Ý ŽOÕ	7 ^Y
City Barrington	State Zip Code IL 60010		Amount of	Each Disbu	rsement this	Period
Purpose of Disbursement Uncashed 12/12/06 Contribution		011			-1000.	00
Candidate Name Melissa Bean		Category/ Type				
Senate President	sement For: 2006 Primary X General Other (specify)					
State: IL District: 08						
SUBTOTAL of Disbursements This Page (optional))			6500.	00
TOTAL This Period (last page this line number only	Λ)		,			

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	erate schedule(s) FOR LINE NUMBER: PAGE		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al-				
Full Name (Last, First, Middle Initial) 4. Michael Burgess for Congress				203-9920007586479
			Date of Disbursemen	1
Mailing Address PO Box 2334			00 20	2007
City Denton	State Zip Code TX 76202		Amount of Each Disl	oursement this Period
Purpose of Disbursement 2008 Primary		011		2000.00
Candidate Name Michael Burgess		Category/ Type		
Senate X President	ment For: 2008 Primary General Other (specify)			
State: TX District: 26 Full Name (Last, First, Middle Initial)			Transaction ID: 95/	 146-28712099790573
3. Michael Burgess for Congress			Date of Disbursemer	nt
Mailing Address PO Box 2334			06 / 30	2007
City Denton	State Zip Code TX 76202		Amount of Each Disl	oursement this Period
Purpose of Disbursement Uncashed 11/02/05 Contribution		011		-2000.00
Candidate Name Michael Burgess		Category/ Type		
	ment For: 2006 Primary General Other (specify)			
State: TX District: 26	•			
Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee			Date of Disbursemer	
Mailing Address PO Box 360			03 / 26	^Y 2007 ^Y
,	State Zip Code AR 71857		Amount of Each Disl	oursement this Period
Purpose of Disbursement 2008 Primary		011		1500.00
Candidate Name Mike Ross		Category/ Type		
	ment For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				1500.00
TOTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3X)	Use seperate s	schedule(s)	FOR LINE N		PAGE 134 / 144
IT	EMIZED DISBURSEMENTS	for each categorial Detailed Summ	ory of the	(check only	one)] 22 23	24 25 26
			, ,	27	28a 28b	28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
$\overline{}$	NAME OF COMMITTEE (In Full)		<u> </u>			
${}$	Americas Health Insurance Plans PAC (AH	IP PAC)				
Δ.	Full Name (Last, First, Middle Initial)					129-2698938250541
-	Nancy Pelosi for Congress				Date of Disburseme	
	Mailing Address 235 Montgomery Street Suite 610				06	2007
	•		Code 104		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement 2008 Primary			011		2000.00
	Candidate Name Nancy Pelosi			Category/ Type		
	Senate X President	ment For: Primary Other (specify)	2008 General			
	State: CA District: 08					
3.	Full Name (Last, First, Middle Initial) Nathan Deal for Congress				Date of Disburseme	
	Mailing Address PO Box 902				05 7 29	['] 2007
	,		Code 503		Amount of Each Dis	bursement this Period
	Purpose of Disbursement 2008 Primary			011		1500.00
	Candidate Name Nathan Deal			Category/ Type		
		ment For: Primary Other (specify)	2008 General			
	State: GA District: 09					
Э.	Full Name (Last, First, Middle Initial) Nathan Deal for Congress				Transaction ID: 77 Date of Disburseme	203-9593622088432 ent
	Mailing Address PO Box 902				06 / 28	['] 2007
			Code 503		Amount of Each Dis	sbursement this Period
	Purpose of Disbursement 2008 Primary			011		500.00
	Candidate Name Nathan Deal			Category/ Type		
		ment For: Primary Other (specify)	2008 General			
S	UBTOTAL of Disbursements This Page (optional) .				<u> </u>	4000.00
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	and address of any political co	minilitiee to s	SOIICIL COITLIT	DULIONS IT	om Such	COITIII	iiiiee		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AF	IP PAC)								
Full Name (Last, First, Middle Initial)			Transa	action ID:	803197	70702	22353	642	<u></u> 87
New Republican Majority Fund				of Disburse		V V	V	v	
Mailing Address 201 North Union Street S	uite 530		0 2	ື່	23 /	2	0 ŏ 7		
	State Zip Code VA 22314		Amoui	nt of Each	Disburs	ement	this P	eriod	
Purpose of Disbursement	VA 22314		+ -			1:	500.0	0	7
2007 Contribution		011							
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate	nent For: 2007 Primary General								
	Other (specify)								
	ontribution								
Full Name (Last, First, Middle Initial)				action ID:		60702	22353	603	90
Pat Roberts for Senate			Date o	of Disburse		V * V	V .	V	
Mailing Address PO Box 433			0 2		23 /	ž	0 ŏ 7	Y	
,	State Zip Code KS 67530		Amoui	nt of Each	Disburs				_
Purpose of Disbursement 2008 Primary		011	<u> </u>			1	0.000	0	_
Candidate Name Pat Roberts	(Category/ Type							
Office Sought: House X Senate President Disburse	ment For: 2008 Primary General Other (specify)								
State: KS District:									
Full Name (Last, First, Middle Initial) People for English				action ID: of Disburse		-8157	31227	7397	79
Mailing Address PO Box 1940			0 ^M 6	M / D2	27 /	ž	0 ŏ 7	Y	
	State Zip Code PA 16507		Amou	nt of Each	Disburs	ement	this Po	eriod	_
Purpose of Disbursement 2008 Primary	Г	011				. 1	0.000	0	┙
Candidate Name Phil English		Category/ Type							
Office Sought: X House Senate President State: PA District: 03	nent For: 2008 Primary General Other (specify)								
Giaig. 171 District. 00								_	_
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11	EMIZED DISBURSEMEN 12		Summary Page			21k 27) [22 28a	Х	23 28l	, [24 28		25 29		26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														ıs	
\vdash	NAME OF COMMITTEE (In Full)															
$ \rangle$	Americas Health Insurance Plans PAC (Al-	HIP PAC)														
Α.	Full Name (Last, First, Middle Initial) Pickering for Congress							Trans Date)507(03215	385	490
	Mailing Address PO Box 4297							0 ^M 3	М	/	2 1) /	Y	ž o ŏ	7 ^Y	
	City Brandon	State MS	Zip Code 39047					Amou	ınt c	f Ea	ch D	isbur	seme	nt this	Perio	od
	Purpose of Disbursement 2008 Primary			Г	0	11	1							2000.	00	
	Candidate Name Charles Pickering			С	ate	egory/ /pe										
	Senate X President	ement For: Primary Other (spe	2008 General													
	State: MS District: 03															
В.	Full Name (Last, First, Middle Initial) Porter for Congress							Date	of D	isbu	rsem	nent		1238		229
	Mailing Address 7840 Red Leaf Drive							0 5	М	L'	2 9		Y 2	ž 0 Ŏ	7 ^Y	
	City Las Vegas	State NV	Zip Code 89131					Amou	ınt c	f Ea	ch D	isbur		nt this		od
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	Candidate Name Jon Porter					egory/ /pe										
		ement For: Primary Other (spe	2008 General													
	Full Name (Last, First, Middle Initial)												9-868	34045	672	416
٥.	Prosperity Pac								of D		rsem		Υ	Y Y	Y	
	Mailing Address 1006 Pendleton Street							0 6		L	2 /			žoŏ		
	City Alexandria	State VA	Zip Code 22314					Amou	ınt c	f Ea	ch D	isbur		nt this		od
	Purpose of Disbursement 2007 Contribution				0	11		L.	-	_	_		•	2500.	00	
	Candidate Name					egory/ /pe										
	Senate President X	ement For: Primary Other (spe														
	State: District: 2007 C	ontribution	1													
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Any Information copied from such Reports and State or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC (A	HIP PAC)			
Full Name (Last, First, Middle Initial) A. Rely on Your Beliefs Fund			Transaction ID: Date of Disburse	31129-4924280047416 ement
Mailing Address 209 Pennsylvania Aven	ue Southeast		06 / 2	27 7 2007
City Washington	State Zip Code DC 20003		Amount of Each	Disbursement this Period
Purpose of Disbursement 2007 Contribution		011		2500.00
Candidate Name		Category/ Type		
Senate President	ement For: 2007 Primary General Other (specify)			
State: District: 2007 (Full Name (Last, First, Middle Initial)	Contribution			
3. Richard Burr Committee			Transaction ID: Date of Disburse	
Mailing Address Post Office Box 5928			0 6 3	2007
City Winston-Salem	State Zip Code NC 27113		Amount of Each	Disbursement this Period
Purpose of Disbursement Uncashed 9/21/05 Contribution		011		-500.00
Candidate Name Richard Burr		Category/ Type		
	ement For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Rogers for Congress			Transaction ID:	5186120702235354248
				2 0 0 7
Mailing Address PO Box 581 Post Office Box 581			0 2 2	2007
City Brighton	State Zip Code MI 48116		Amount of Each	Disbursement this Period
Purpose of Disbursement 2008 Primary		011		3000.00
Candidate Name Mike Rogers		Category/ Type		
Senate >	ement For: 2008 Primary General Other (specify)			
State: MI District: 08				
SUBTOTAL of Disbursements This Page (optional)		>		5000.00
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												5	
OI I	NAME OF COMMITTEE (In Full)	le and address of any p	political col	1111	illee lo s	SOIIC	CONTIN	ulions	IIOIII 8	such C	OITIII	iiiiee		
\rangle	Americas Health Insurance Plans PAC (A	HIP PAC)												
	Full Name (Last, First, Middle Initial)						Transa	ction II	D: 98	64730	0700	32153	3895	566
٩.	Rogers for Congress						Date of			nt	V	V	V	
	Mailing Address PO Box 581 Post Office Box 581						0 3 M		2 1	/ L	ž	0 ŏ 7	1	
	City Brighton	State Zip Cod MI 48116					Amoun	t of Eac	h Dis	burser	ment	this F	erio	d
	Purpose of Disbursement						L.				. 1	000.0	00	
	2008 Primary Candidate Name				11									
	Mike Rogers				egory/ /pe									
	X	ement For: 200	-											
	Senate X President	Primary Ge Other (specify)	eneral											
	State: MI District: 08													
2	Full Name (Last, First, Middle Initial)						Transa				627	4050	474	166
٥.	Rogers for Congress						Date of		D	nt / 🔻	Y	Υ.	Υ	
	Mailing Address PO Box 581 Post Office Box 581						0 6		3 0	Ĺ	2	0 ŏ 7		
	City Brighton	State Zip Cod MI 48116					Amoun	t of Eac	h Dis	burser	ment	this F	erio	d
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	Mike Rogers		٦		egory/ /pe									
		ement For: 200												
	Senate President	Primary X Ge Other (specify)	eneral											
	State: MI District: 08	Cirici (specify)												
_	Full Name (Last, First, Middle Initial)						Transa				2486	5359	067	917
J.	Rogers for Congress						Date of			nt	V	· V	V	
	Mailing Address PO Box 581 Post Office Box 581						0 6		3 0	Ĺ	2	0 ŏ 7		
	City Brighton	State Zip Cod MI 48116					Amoun	t of Eac	h Dis	burser	ment	this F	erio	d
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	Candidate Name Mike Rogers		C	Cate	egory/ /pe									
		ement For: 200	_		-	1								
	Senate President		eneral											
	State: MI District: 08	Other (specify)												
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	y Information copied from such Reports and S for commercial purposes, other than using the										IS
\vdash	NAME OF COMMITTEE (In Full)		, i								
$ \rangle$	Americas Health Insurance Plans PAG	C (AHIP PAC)									
Α.	Full Name (Last, First, Middle Initial) Ryan for Congress						action of Disb			703215	384488
	Mailing Address PO Box 1919					0 ^M 3	M /	^D 2 1	/ Y	Ý 0 0 7	7 ^Y
	City Janesville	State Zip C				Amou	nt of E	ach D	isburser	nent this	Period
	Purpose of Disbursement 2008 Primary		Г	Q	11					1000.	00
	Candidate Name Paul Ryan		C		egory/ ype						
	Office Sought: X House Dis Senate President	bursement For: X Primary Other (specify)	2008 General								
	State: WI District: 01										
В.	Full Name (Last, First, Middle Initial) Salazar for Senate					Date o	of Disb	ursem	ent	703215	
	Mailing Address PO Box 600					0 3	M /	^D 2 1	/ L	žoŏ	7 ^Y
	City Denver	State Zip C CO 802				Amou	nt of E	ach D	isburser	nent this	
	Purpose of Disbursement 2010 Primary				11		•			2000.	00
	Candidate Name Ken Salazar		'		egory/ /pe						
	X Senate President	bursement For: X Primary Other (specify)	2010 General		-						
— С.	State: CO District: Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman									048059	344291
Ο.	Mailing Address 1071 Twin Branch L	ane					of Disb	ursem 2 9		ž o ŏ	7 ^Y
	City Weston	State Zip C FL 333				Amou	nt of E	ach D	isburser	nent this	
	Purpose of Disbursement 2008 Primary			_	11		-			1000.	00
	Candidate Name Debbie Wasserman Schultz				egory/ ype						
	Office Sought: X House Dis Senate President State: FL District: 20	bursement For: X Primary Other (specify)	2008 General								
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5	
υι I	NAME OF COMMITTEE (In Full)	and address of any political	COITIII	initee to	JUILLI	COMMINU	110115 110	JIII SUUI	COIIII	muee		
\rangle	Americas Health Insurance Plans PAC (AH	IIP PAC)										
	Full Name (Last, First, Middle Initial)					Transac	tion ID:	49649	-931	40810	728	07
٩.	Solis for Congress					Date of [V * V		V/	
	Mailing Address 6380 Wilshire Boulevard	#1612				0 ^M 5 M	[/] 2	9 /	, 2	0 0 7		
	,	State Zip Code				Amount	of Each	Disburs	semen	t this F	erioc	d
	Los Angeles Purpose of Disbursement	CA 90048							2	2000.0	00	
	2008 Primary)11								
	Candidate Name Hilda Solis			egory/ ype								
	X	ment For: 2008										
	Senate X President	Primary General Other (specify) ▼										
	State: CA District: 32	(-)/ \										
_	Full Name (Last, First, Middle Initial)					Transac	tion ID:	31129	-082	88210	630	—— 41
3.	Stephanie Tubbs Jones for Us Congress					Date of [Disburse	ement				
	Mailing Address 3729 Silsby Road					0 ^M 6 M	[/] 2	7 /	Ž	0 0 7	Y	
	,	State Zip Code OH 44118				Amount	of Each	Disburs				t
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	Candidate Name			egory/								
	Stephanie Jones			ype								
		ment For: 2008 Primary General										
	President State: OH District: 11	Other (specify) ▼										
	Full Name (Last, First, Middle Initial)				-	Transac	tion ID.	40640	-227	36209	677	 20
Э.	Tammy Baldwin for Congress					Date of [Disburse	ement				<u> </u>
	Mailing Address PO Box 696					05	[/] 2	9 /	Ž	0 ŏ 7	, T	
		State Zip Code WI 53701				Amount	of Each	Disburs	semer	t this F	erioc	it
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	Candidate Name Tammy Baldwin		Cat	egory/ ype								
	· .	ment For: 2008		,r-,	\dashv							
	Senate X	Primary General										
	President State: WI District: 02	Other (specify)										
	Ottalo. VVI Diotriot. 02										_	_
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IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		21b 27		X 23 28b	24 28c	25 29		26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nan										
<u> </u>	NAME OF COMMITTEE (In Full)										
/	Americas Health Insurance Plans PAC (A	HIP PAC)									
١.	Full Name (Last, First, Middle Initial) Team Sununu						ction ID: 7 Disbursem		672664	82114	179
	Mailing Address PO Box 500					06	28	B / Y	žοò	7 Y	
	City Rye	State NH	Zip Code 03870			Amoun	t of Each D	isburse	ment thi	s Perio	d
	Purpose of Disbursement 2008 Primary				011				200	0.00	
	Candidate Name John Sununu				tegory/ ype						
	X Senate President	ement For: C Primary Other (spe	2008 General ccify) ▼								
	State: NH District:										
3.	Full Name (Last, First, Middle Initial) Texas Freedom Fund					Date of	ction ID: 6 Disbursem	-			476
	Mailing Address 104 East Hume Avenue					03	26		žoč	7 [*]	
	City Alexandria	State VA	Zip Code 22301			Amoun	t of Each D	isburse			d
	Purpose of Disbursement 2007 Contribution Candidate Name			Ca	011 tegory/				5000	0.00	
	Senate President	ement For: Primary Other (spe			71-						
).	Full Name (Last, First, Middle Initial) Tim Mahoney for Florida						ction ID: 4		740322	29185	510
	Mailing Address 4114 Northlake Bouleva	rd Suite 30	0			0 5 M	_		žοċ	7 Y	
	City Palm Beach Gardens	State FL	Zip Code 33410			Amoun	t of Each D	isburse	ment thi	s Perio	d
	Purpose of Disbursement 2008 Primary		33.10		011				100	0.00	
	Candidate Name Timothy Mahoney			Ca	tegory/ ype						
		ement For: C Primary Other (spe	2008 General								
_	'							•	8000	0.00	$\overline{}$
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S	CHEDULE B (FEC Form 3	Use seperate schedule(s)		NUMBER: PAGE 142/144
IT	EMIZED DISBURSEMENT		(check onl	ly one) 22
	y Information copied from such Reports a for commercial purposes, other than usin			for the purpose of solicating contributions plicit contributions from such committee
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Americas Health Insurance Plans	PAC (AHIP PAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 49649-6956903338432
۹.	Tom Feeney for Congress			Date of Disbursement
	Mailing Address 1420 Alafaya Tr	ail #103		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code		Amount of Each Disbursement this Period
	Oviedo	FL 32765		0500.00
	Purpose of Disbursement 2008 Primary		011	2500.00
	Candidate Name Tom Feeney		Category/ Type	
	Office Sought: X House Senate President State: Fl District: 24	Disbursement For: 2008 X Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
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\	NAME OF COMMITTEE (In Full)									
	Americas Health Insurance Plans PAC (Al	HIP PAC)								
۸.	Full Name (Last, First, Middle Initial) Friends for Sutton						ction ID: Disburse		0268060	5649948
	Mailing Address Box 106					06	[/] 3	0 /	ŽOŎ	7 ^Y
	City Flamdreau	State SD	Zip Code 57028			Amoun	t of Each	Disburse	ement this	
	Purpose of Disbursement Nonfederal Contribution			0	11	<u> </u>			-250.	00
	Candidate Name				egory/ ype					
	Senate President	ement For: Primary Other (spe	General cify) ▼							
	State: District:									
3.	Full Name (Last, First, Middle Initial) Klock for HD 83					Date of	Disburse		7696039	
	Mailing Address P.O.Box 308,					06	/ B3	ŏ ′	ŽOĎ	7 '
	City Harlowton	State MT	Zip Code 59036			Amoun	t of Each	Disburse	ement this	
	Purpose of Disbursement Nonfederal Contribution Candidate Name			Cate	11 egory/				-130.	00
	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General cify) ▼							
).).	Full Name (Last, First, Middle Initial) Lewis for SD 42						ction ID:		7886316	1802292
	Mailing Address 5871 Collins Road					06	_	0 /	žoŏ	7 ^Y
	City Helena	State MT	Zip Code 59602			Amoun	t of Each	Disburse	ement this	Period
	Purpose of Disbursement Nonfederal Contribution 011			11	<u> </u>			-130.	00	
	Candidate Name				egory/ ype					
	Senate President	ement For: Primary Other (spe	General cify) ▼							
	State: District:						•		F10	00
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т	OTAL This Period (last page this line number only)	١			•		,			

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	for commercial purposes, other than using							
\vdash	NAME OF COMMITTEE (In Full)	<u> </u>						
$ \rangle$	Americas Health Insurance Plans	PAC (AHIP PAC)						
V	Americas Fleatiff modrance Flans	1 AO (AIIII 1 AO)						
	Full Name (Last, First, Middle Initial)				Transaction ID: 85446-45757693052292			
A.	Mike Milburn for the Legislature				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address 276 Chestnut Valley Rd.				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State Zip	Code		Amount of Each Disbursement this Period			
	Cascade	MT 59	421					
	Purpose of Disbursement				-130.00			
	Nonfederal Contribution			011				
	Candidate Name			Category/				
				Туре				
	Office Sought: House	Disbursement For:	_					
	Senate	Primary	General					
	President	Other (specify)	▼					
	State: District:							
ь	Full Name (Last, First, Middle Initial)				Transaction ID: 85446-29069155454635			
В.	Ralph Heinert for HD 1				Date of Disbursement			
	Mailing Address PO Box 577				$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$			
	Mailing Address PO Box 577				20 207			
	City		Code		Amount of Each Disbursement this Period			
	Libby	MT 59	923		100.00			
	Purpose of Disbursement				-130.00			
	Nonfederal Contribution			011				
	Candidate Name		l	Category/				
	0//: 0 1: 0	D' 1		Туре				
	Office Sought: House	Disbursement For:						
	Senate	Primary Other (appoint)	General					
	President State: District:	Other (specify)	▼					
	State: District:							

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	-260.00
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